

FACTS/ FIGURES/ TRENDS/ **2003-2004**



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Our mission is to promote and protect the health and safety of all Idahoans. At the Department of Health and Welfare we have experienced one of our busiest years in doing just that.

In SFY 2003, we have set new records for the number of people we are helping. In May, we provided more than 84,000 people with Food Stamps, up from 71,000 the year before. Our Medicaid program finished the State Fiscal Year with more than 156,000 people enrolled. We have some of the toughest standards in the nation for families to qualify for cash assistance,

yet we lead the nation in the increase of the percentage of people who applied and qualified for our temporary cash assistance.

So why has the demand for help increased so much this year? There is no easy answer. Traditionally, Idahoans are reluctant to ask for help, even when they qualify for services. But our economy has been struggling for the past two years, and the longevity of this economic downturn is affecting many of our state's residents. We believe many people have exhausted their personal resources. They have no one else to turn to and are looking to us and their communities for help.

But as people turn to us for help, we are faced with the other side of the coin. Our state has been stressed by the economic downturn, too. We do not have a bottomless pot of money. We have a growing demand butting up against a lean pocketbook. What do we do?

Our answer is simple: We help people. That's the Idaho way. We tighten our belts, develop better business practices and efficiencies, and then roll up our sleeves and do what we can. Helping people is not always easy; it requires sacrifice from each of us as individuals. But I don't believe Idahoans have a problem with doing their share to help people facing a crisis in their lives.

This last year has been an economic challenge for our Department. We still are feeling the effects of staff reductions and growing caseloads. We are very optimistic that our economy is rebounding and our state can look forward to better times ahead. But until our economy does recover, we want the people of Idaho who may be struggling to know they can count on us to be there for them.

Sincerely,

A handwritten signature in cursive script that reads "Karl B. Kurtz".

Karl B. Kurtz, Director

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Introduction

We have organized the information and data in this handbook to give you an overview of services we provide, numbers of people we serve and how we budget our monies. This guide is not intended to be a comprehensive report about the Department of Health and Welfare, but it should answer many frequently asked questions.

The first few pages of this report provide the big picture, describing the Department's overall budget and major spending categories. Following this overview, we give a brief description of each Division and statistical information for many of our programs and services. When possible, we provide historical perspective. The handbook is color-coded by Division for easy reference.

To provide the human services described throughout this handbook, we diligently follow a Strategic Plan, which defines our key goals. They are:

Goal 1: Improve the health status and safety of all Idahoans.

Goal 2: Coordinate resources to strengthen individuals, families and communities.

Goal 3: Identify and establish partnerships for sustainable and integrated health and human services systems.

Goal 4: Develop into a learning organization.

Goal 5: Align structures, people and technology while improving communication and customer service in support of all other goals.

The Department is designed to help families in crisis situations, giving a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, health care, job training, and cash assistance to get these families back on their feet and become self-reliant members of our communities. Staff in all of our Divisions depend on one another to do their jobs in helping families solve their problems and build a healthier Idaho.

Our Organization

The Department of Health and Welfare serves under the leadership of Idaho Governor Dirk Kempthorne. Our Director, Karl Kurtz, oversees all Department operations and is advised by a seven-member State Board of Health and Welfare appointed by the Governor.

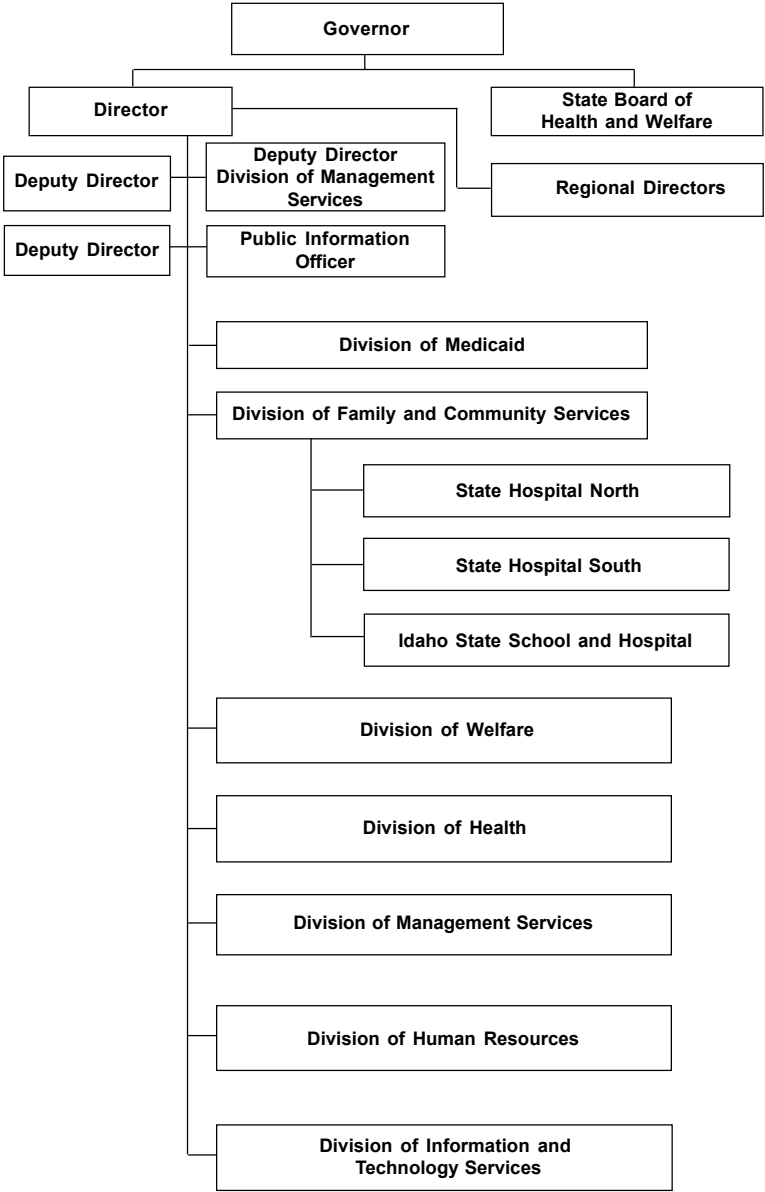
Our agency is comprised of seven Divisions: Medicaid, Family and Community Services, Welfare, Health, Management Services, Human Resources and Information and Technology. Each Division provides services, or partners with other agencies and groups, to help people in our communities. As an example, the Division of Family and Community Services will provide direct services for child protection and may partner with community providers or agencies to help people with developmental disabilities.

Each of our Divisions is made up of bureaus, which include individual programs. Our Division of Health, for instance, has the Bureau of Clinical and Preventive Services. This includes such diverse programs as Immunizations, the STD/AIDS Program, the Children's Special Health Program and the Women, Infants and Children Program.

Our Regional Directors help carry out the mission of the Department. They work with community leaders and groups to develop partnerships that help more people than the Department could by itself. They also are our Director's community representatives and are geographically located to reach each area of the state.

Region	Location	Director	Phone
Region 1	Coeur d'Alene	Michelle Britton	769-1515
Region 2	Lewiston	David Reynolds	799-4400
Region 3 & 4	Caldwell/Boise	Randy Woods	334-6728
Region 5	Twin Falls	John Hathaway	736-3020
Region 6 & 7	Pocatello/Idaho Falls	Nick Arambarri	235-2875

Organizational Chart



Building a Better Department: The Any Door Initiative



"Any Door" leads to healthy people, stable families and safe children.

In 2003, the Department began work on the Any Door Initiative.

Fundamentally, it's a customer service effort. Our current service delivery system evolved based on funding streams used to provide services. We were organized to meet federal and state requirements. The "Any Door" Initiative puts the focus where it belongs, on the Idahoans we serve.

Through this effort we want to improve the way people access our services and outcomes for those who receive them. We'll do that by integrating our services.

Integration makes sense from a customer service perspective, but it also makes good business sense. Integration allows us to pool resources, eliminate duplicative administrative processes and gain efficiencies. That's important. When the economy declines, the demand for our services increases. We can't expect a temporary increase in staff to meet this demand. We need to better utilize the staff we have. Integration is a way we can do that.

The new system provides a common enrollment process and form. This means that only one form is used to gather basic information from participants. This basic information will be shared so participants don't have to repeatedly provide it when they may need more than one service to help them get back on their feet. In addition to providing easier access for participants, this common enrollment process streamlines our administrative procedures and helps make our operations more efficient.

We've developed a "navigation" function in the new system. It will be the initial point of contact for all participants. At this point, participants will be given information about what services are available through the Department and will often be directed to additional resources offered by community partners.

The Any Door system focuses on prevention and early intervention. The navigation teams will be composed of individuals who are experts on the broad array of services offered by the Department, and the ability to identify when those services may be needed. We believe that through prevention and early intervention, we can identify issues and address them before they mushroom into major problems requiring extensive effort and expense.

For participants choosing to request Department services, the navigation staff will gather the basic information from the common enrollment form, determine eligibility for services and connect participants with their integrated service team.

The integrated service team is made up of individuals with specialized knowledge about the Department's services. The team is designed to work with the whole participant, the whole family. It's designed to ensure that a single participant is not subject to conflicting requirements for different services. The integrated service team will ensure all efforts are directed to the same goal to improve outcomes for participants through a coordinated effort.

The integrated service team will work with participants to identify their goals and objectives. Based on these goals and objectives, the integrated service team will help participants identify services, community resources and natural supports that can help them achieve their goals. The core integrated service team will be made up of Department staff and may also include contractors and community partners, depending on each participant's circumstances.

The Department of Health and Welfare is part of a larger community. We feel it is important that participants build a support system in their communities. That's why we focus on identifying community resources and natural supports in the planning process.

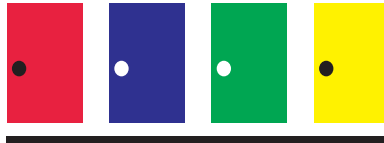
To ensure successful outcomes for participants, we need to make sure that the success a participant finds as a result of working with the Department is sustainable after the participant leaves the system. Community resources and natural supports are an important part of the Any Door Initiative.

We are going to measure participants' outcomes to gauge the effectiveness of the Any Door Initiative. We will measure the effectiveness of the system as a whole and individual participant success. We will use this data to fine-tune and improve our delivery of services through the Any Door Initiative.

We will begin testing the design in January 2004 in Moscow, our first prototype site. We will begin testing in a second site in April of 2004. Part of that testing will include focus groups of clients and community partners

to get feedback on how the new system is working. We will make any necessary changes identified by staff, participants and community partners and begin implementing the new service delivery system statewide in January 2005.

The Any Door Initiative is all about integration of services. It's good for participants. It's good for business.



ATOD: Alcohol, Tobacco and Other Drugs

The Road to a Healthier Idaho

In 2001, we conducted a survey to gauge public opinion on the health risks people are most concerned about. We provided a list of the top nine health risks to the public, health care providers, business professionals, hospitals, health organizations and other state agencies. This list included smoking, drinking, risky sexual behavior, drug abuse, obesity, not wearing seat belts, poor diet, lack of exercise, and improper storage of firearms.

The results of this survey showed that the greatest concerns were illicit drug use, alcohol abuse and tobacco use. The Department has adopted these top three areas as our priority for our Strategic Plan.

In 2002, the Department launched our effort to reduce the rates of alcohol abuse, tobacco use and illicit drug use. Based on data for each of these behaviors, we know that people who abuse alcohol and drugs and use tobacco products are at risk of serious health consequences. These behaviors drive up the costs of health care because they frequently lead to diseases like lung cancer, liver disorders and other conditions that are expensive to diagnose and treat.

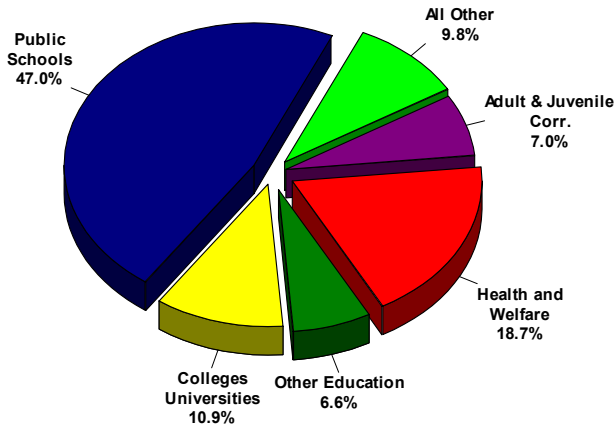
This effort is targeted at people we serve through our service delivery system, such as Medicaid recipients, Food Stamp participants, and Women, Infant and Children's (WIC) clinic patients, as well as at broader populations of teenagers, young adults, pregnant women, and members of the Tribal nations.

Over the past year, each Division has participated in this effort in a number of ways. We are providing staff, physicians and other providers with information on smoking cessation. We are screening clinic patients for smoking, alcohol and drug abuse; and we provide a web site, QuitNet, which targets those who want to quit smoking or get more information about drug and alcohol counseling. We also have begun a media campaign targeted at teens and young adults to encourage them not to smoke or to quit smoking if they currently smoke. For our own employees, the Department has provided information on smoking cessation and drug awareness in an effort to help them change unhealthy behaviors.

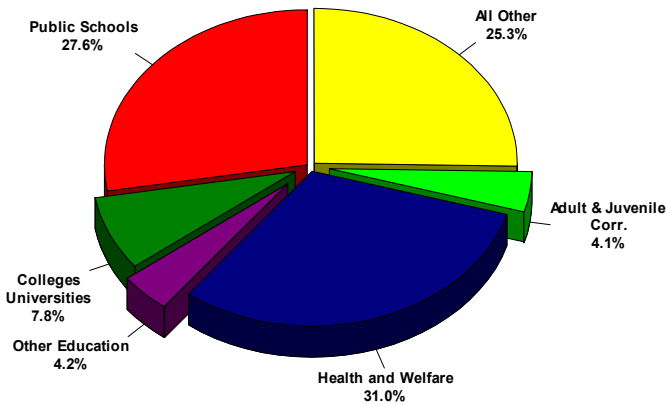
These efforts, over time, should help to reduce the prevalence of these behaviors. The data we have tells us only about rates of abuse through 2001, so we do not yet know what impact our efforts have made. We should have more information next year.

Total State Budget SFY 2004 Appropriations

General Funds



Total Funds: State and Federal Funds Combined



SFY 2004 Financial Data Summary

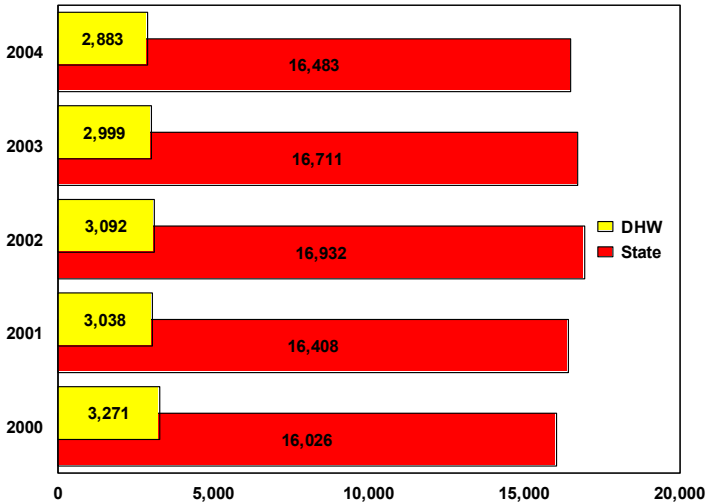
In Millions

Functional Area	General	%Total	Total	%Total
Public Schools	\$ 943.0	47.0%	\$1,152.6	27.6%
Colleges, Universities	218.0	10.9%	327.2	7.8%
Other Education	131.3	6.6%	173.9	4.2%
Health & Welfare	375.8	18.7%	1,292.3	31.0%
Adult & Juvenile Corrections	140.6	7.0%	169.4	4.1%
All Other Agencies	195.4	9.8%	1,058.0	25.3%
Total	\$2,004.1	100.0%	\$4,173.4	100.0%

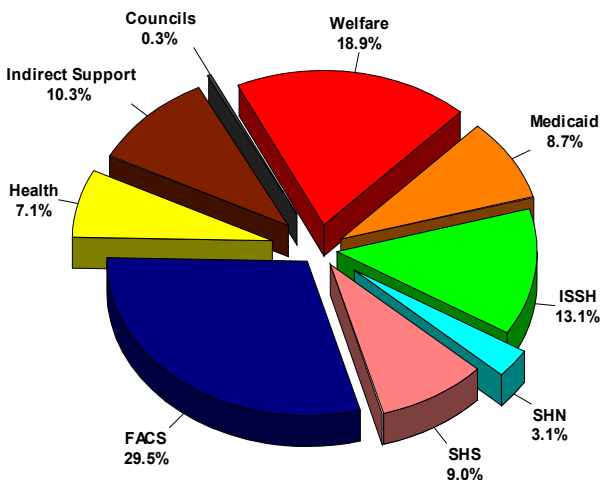
Appropriated Full-Time Positions (FTP)

The use of FTPs is a method of counting State agency positions when different amounts of time or hours of work are involved. The decrease of staff in SFY 2003 is the result of budget holdbacks that included layoffs during SFY 2002. These reductions were made permanent for SFY 2003. Additional reductions in staff were made in SFY 2004.

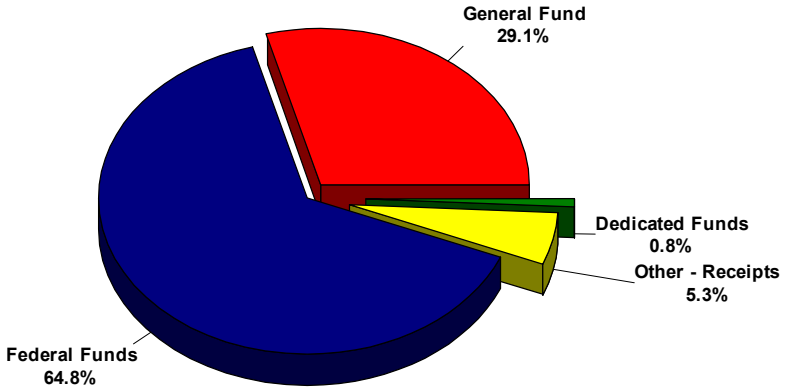
Historical Comparison



SFY 2004 FTP Distribution



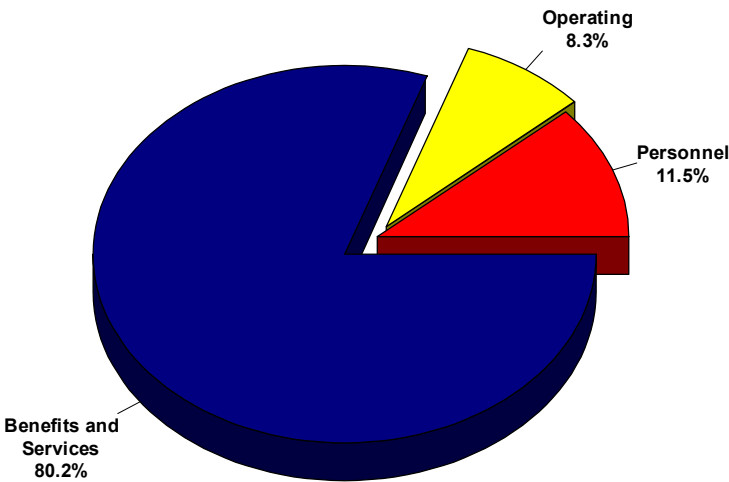
Original SFY 2004 DHW Appropriation by Fund Source



Financial Data Summary

Fund Source		Amount
General Fund		\$375.8 Million
Federal Funds		837.6 Million
Other — Receipts		68.2 Million
Dedicated Funds		
Domestic Violence	\$ 397,000	
Cancer Control	401,700	
Emergency Medical	3,080,600	
Central Tumor Registry	182,700	
Food Safety	465,400	
Medical Assistance	6,000	
Alcohol Intoxication Treatment	2,306,300	
Substance Abuse Treatment	8,800	
Liquor Control	671,600	
State Hospital South Endowment	1,664,300	
State Hospital North Endowment	915,800	
Prevention of Minors' Access to Tobacco	71,500	
Millennium Fund	500,000	
Total Dedicated Funds		10.7 Million
Total		\$ 1.3 Billion

FY 2004 DHW Appropriation by Expenditure Category

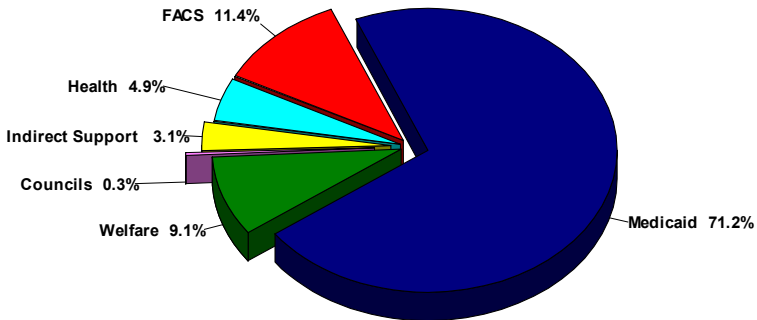


Financial Data Summary

By Object	Amount
Personnel Costs	\$ 147.7 Million
Capital Outlay	0 Million
Operating Expenditures	107.4 Million
Trustee and Benefit	1,036.7 Million
Total	\$1.3 Billion

- Personnel costs declined \$500,000 in SFY 2004, while benefits for Idaho citizens have increased \$72 million from SFY 2003.
- Trustee and benefit payments make up 80 percent of the Department's budget. These are cash payments to the Department's clients, vendors who are providing services directly to the individual client, government agencies, non-profits, etc.
- Health and Welfare purchases services from more than 10,300 companies, agencies, or contractors, and 8,200 Medicaid providers.

Original FY 2004 DHW Appropriation By Division



Financial Data Summary

By Division	FTP	General	Total	% Total
Welfare				
TAFI/AABD Benefits		\$ 8,387,500	\$ 13,639,400	1.1 %
Other Self-Reliance Programs	544.8	24,084,400	103,369,900	8.0
Total Welfare	544.8	\$ 32,471,900	\$ 117,009,300	9.1 %
Medicaid	251.5	\$ 256,307,300	\$ 920,396,400	71.2 %
FACS				
Children's Services	462.0	\$ 21,114,700	\$ 55,486,400	4.3 %
Substance Abuse	9.7	3,121,200	13,908,700	1.1
Community Mental Health	221.2	11,670,600	18,296,100	1.4
Developmental Disabilities	157.4	10,093,900	17,613,400	1.4
Idaho State School & Hospital	376.5	4,467,700	20,000,600	1.6
State Hospital North	89.4	3,930,100	5,716,900	0.4
State Hospital South	259.2	9,415,500	15,871,300	1.2
Total FACS	1,575.4	\$ 63,813,700	\$ 146,893,400	11.4 %
Health				
Physical Health	133.3	\$ 4,262,700	\$ 52,946,400	4.1 %
EMS	27.8	343,500	5,175,400	0.4
Laboratory Services	42.5	2,015,600	5,690,900	0.4
Total Health	203.6	\$ 6,621,800	\$ 63,812,700	4.9 %
Indirect Support	297.8	\$ 16,370,300	\$ 40,217,700	3.1 %
Councils/Commissions	10.0	\$ 225,800	\$ 3,960,100	.3 %
Department Total	2,883.1	\$ 375,810,800	\$ 1,292,289,600	100%

Division of Medicaid

David Rogers, Administrator, 364-1804

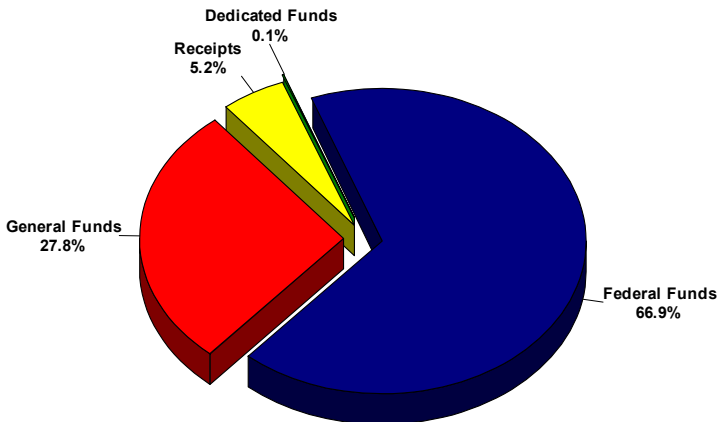
The Division of Medicaid designs, implements and reviews federal and state-funded medical assistance services for people at risk. Youth, old age, pregnancy or disability are considered factors in determining risk and eligibility based on state and federal income requirements. The Division does not provide direct services, but contracts and pays for services through providers.

The Division provides a comprehensive program of medical coverage to eligible recipients throughout Idaho. Covered services include hospitalization, physician services, nursing home care and prescription drugs. The Division also licenses health facilities such as hospitals and nursing homes, and administers the Children's Health Insurance Program (CHIP).

The Division of Medicaid has the largest appropriation in the Department with an original total appropriation of \$920 million. This funding is composed of 67 percent federal money, 28 percent State general funds, and five percent receipts.

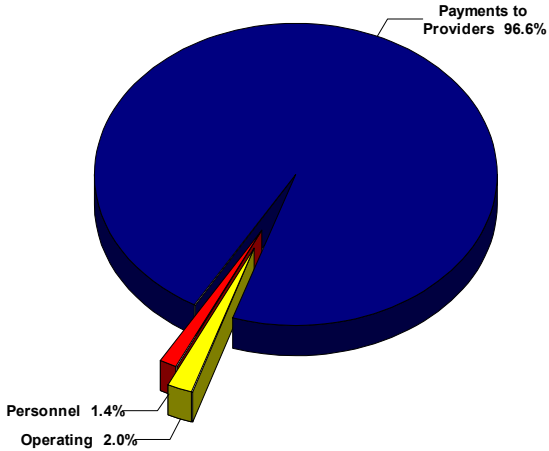
The share of federal funding for the 2004 appropriation is higher than in the past. After the Legislature adjourned, Congress approved an increased federal match of 74 percent for most benefits that will end in June 2004. At this time, the match returns to 70.6 percent.

Medicaid SFY 2004 Funding Sources



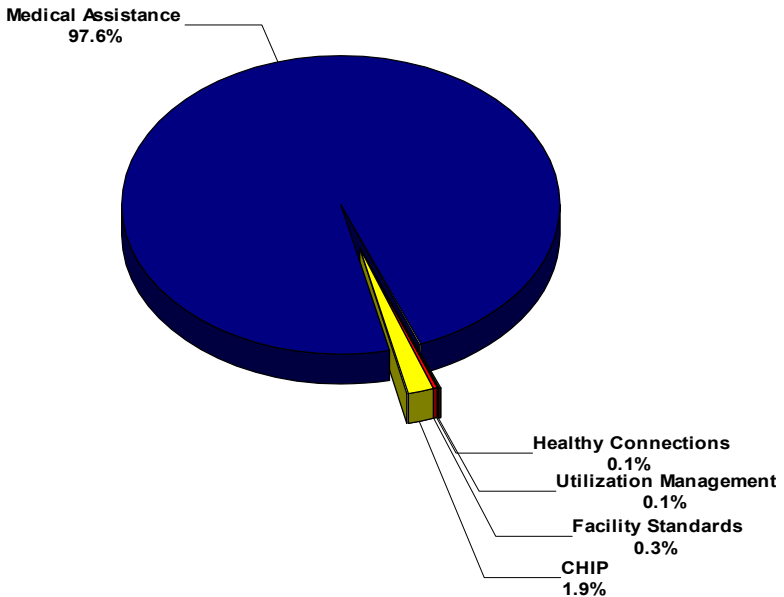
Authorized FTP: 252. Original Appropriation for 2004 -- General Fund: \$256 million; Total Funds: \$920 million; 71.2% of Health and Welfare funding.

Medicaid SFY 2004 Expenditure Categories



NOTE: The Division of Medicaid receives 67 percent of its funding from the federal government and spends 97 percent of its total expenditures on benefits.

Medicaid Spending by Program



Note: The 2004 Medicaid budget is \$920 million; \$897 million of this will pay for direct medical care to healthcare providers.

Medicaid's Year Focuses on Managing Expenses, Expanding CHIP

There are several significant changes in the 2004 appropriation for Medicaid. The federal government has temporarily increased the percentage of matching dollars to State spending for benefit payments to health care providers.

The federal government provides 67 percent of the funding for the total Medicaid budget, but this percentage is greater for benefit payments. Last year, 70 percent of every Medicaid dollar spent on benefits by Idaho came from the federal government. The remainder came from State general funds. This year, Congress temporarily increased the federal share to nearly 74 percent for benefit payments. However, the increase will only last through June of 2004 — then the match rate will return to 70.6 percent. The increase, while temporary, will help the State better manage an ever tightening Medicaid budget and increasing enrollments in SFY 2004. However, lowering the federal match rate for SFY 2005 will mean more State funding may be necessary to maintain the current level of Medicaid services.

Even with an austere budget in 2003, the Division of Medicaid, using several management tools, was able to “carryover” nearly \$2.3 million to the 2004 budget. This money will go to benefits for Medicaid clients. With federal matching dollars, the total reaches more than \$8 million. The “carryover” money is credited to aggressive management of expenses with no loss of client services. Unlike most states, Idaho’s Medicaid program was able to finish SFY 2003 in the black, and maintain existing eligibility standards and enrollment.

The 2003 Legislature expanded CHIP to provide insurance coverage to more low-income children. Called CHIP Choice, or the Children’s Access Card, the additional coverage is for children whose parents’ income lies between 150-185 percent of the federal poverty level. Children may receive benefits through a reduced benefits program in CHIP (CHIP Choice), or they may buy private insurance with financial assistance from Medicaid (Access Card). The program is scheduled to begin in July 2004.

Medicaid has made its resources and expertise available to Governor Kempthorne, who is serving as chairman of the National Governors’ Association. In this post, Governor Kempthorne has instituted a nationwide initiative for an alternative approach to long-term care. His effort, through the National Governors’ Association, is meant to create a system that will sustain the coming wave of baby boomers who may need long-term care.

The Any Door Initiative also begins this year which should ease access to services for Medicaid clients. Any Door is not just Medicaid, but a Department-wide effort to allow anyone needing Department services to access services through any Department door.

Medicaid Mandates

Idaho's Medicaid program provides coverage of health care services which are required by the federal government, Idaho Code or Idaho Rules. The federal government sets minimum standards a state Medicaid program must offer.

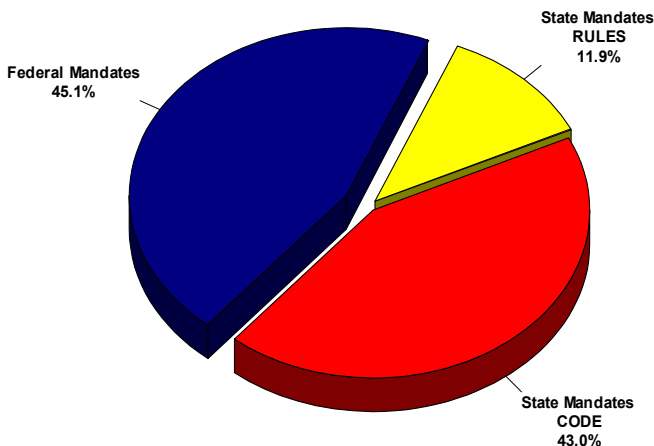
Laws passed by the State Legislature for Medicaid services are listed in Idaho Code and require services such as prescription drugs, personal care services, dental care and developmental disability services. Rules are developed through negotiation between the public and the Department, and are approved by the Legislature.

Every benefit covered by Idaho's Medicaid program is a required benefit. There is no "extra" coverage for services that go beyond requirements.

There are federal requirements from which the State can seek a waiver to benefit the consumer and the program. Nursing home coverage is an example. The federal government requires nursing home coverage in a State Medicaid program. Idaho received a waiver from the federal government to allow people who are eligible for nursing home care to choose an alternative setting to receive a comparable level of care. The quality of care must be approved and cost no more than nursing home care would cost. This allows many people to receive only services they need to remain living in their homes.

The funding proportion of federal mandates vs. State mandates has shifted in recent years as a result of more benefits required by the State. Combined, State rules- and code-mandated programs account for 55 percent of Medicaid expenditures in SFY 2003. In 1999, State rules and code made up 48 percent of expenditures.

Medicaid Mandates SFY 2003 Allocation of Funding



SFY 2003 Expenditures for Mandated Services

Medicaid Mandates - FEDERAL (in millions)

Hospital-Related Services	\$179.7	
Nursing Home Care	124.2	
Physician and Clinic Services	61.4	
Medical Transportation	11.9	
Lab and X-ray Services	8.5	
EPSDT Services	4.4	
Family Planning	1.8	
Hospice Benefits	0.9	
Subtotal	\$392.8	45.1%

Medicaid Mandates - IDAHO CODE (in millions)

Prescribed Drugs	\$128.6	
Waivers and Personal Care Services	109.9	
DD/MH Services	61.2	
ICF/MR Care	35.5	
Dental	14.9	
DME/Medical Supplies	9.4	
Other Practitioners	8.9	
School District Services	3.0	
Outpatient Rehab	1.1	
BCC	.9	
Nurse's Aide Training	0.1	
Subtotal	\$373.6	43.0%

Medicaid Mandates - IDAHO RULES (in millions)

Mental Health	\$ 45.4	
Medicare Parts A and B	16.6	
CHIP (Title XXI)	16.2	
Home Health Services	7.1	
Ambulatory Surgical Centers	5.4	
Physical Therapy	4.0	
Healthy Connections	3.8	
Institutional MH Diseases/SHS	3.0	
Group Health Plan Payments	1.5	
Drug Utilization Review/Other	0.2	
Subtotal	\$103.2	11.9%

Total	\$869.6	100.0%
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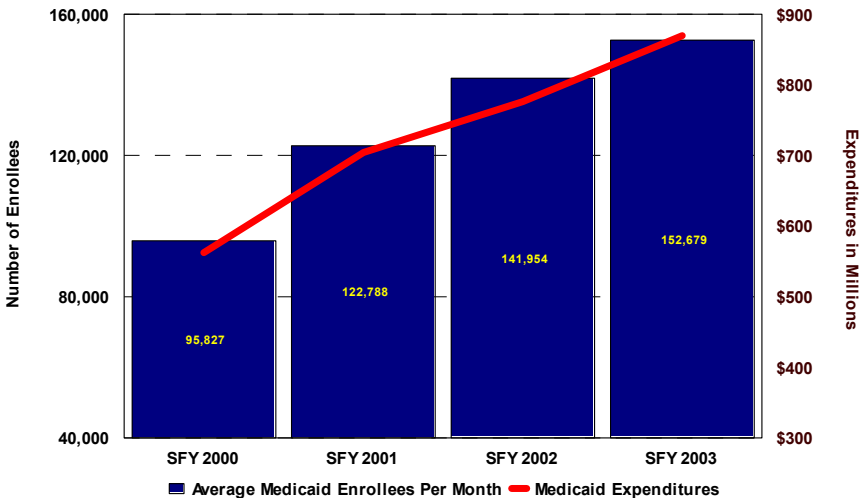
Note: These expenses were payments to health care providers; personnel and operating expenses are not included. Children with developmental disabilities were diagnosed through federally mandated EPSDT services. These cost \$4.4 million in SFY 2003. Treatment was then provided through Idaho Code and Rules. These services cost an estimated \$97 million.

Medicaid Enrollment and Expenditures

The growth in the number of Medicaid recipients since 2000 is primarily due to the enrollment of lower-income children in the Medicaid program. The number of children insured through Medicaid and CHIP has grown 154 percent between 2000 and 2003. Although most enrollment growth has come with children, the greatest expenditures for benefits are for adults.

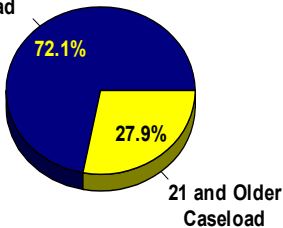
In SFY 2003, Medicaid averaged 152,679 participants per month. More than 70 percent of these enrollees were children under age 21, who account for 32 percent of Medicaid expenditures. This compares to adults 21 and older who receive services through aged and disabled programs. Adults account for 28 percent of Medicaid enrollees, but use 68 percent of all benefit dollars.

Average Medicaid Enrollees Per Month and Annual Expenditures for Services

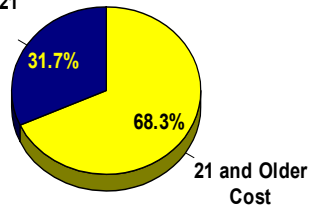


Expenditures and Enrollees Comparison of Under Age 21 to Age 21 and Over

Under Age 21
Caseload



Under Age 21
Cost



Medicaid expenditures are driven largely by increased enrollment. In SFY 2000, Medicaid enrollment was 95,827. In SFY 2003, this number grew to 152,679. The Department implemented case management programs such as Healthy Connections, pharmacy cost management initiatives and disease management tools to help control increasing expenses.

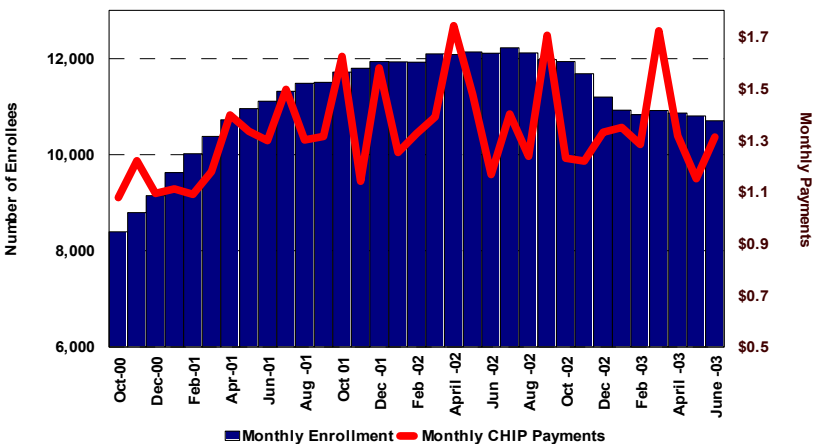
The average annual cost for each Medicaid enrollee declined three percent since 1999. While that cost remained relatively stable, the increase in overall expenditures rose \$307 million, or 155 percent, during that same period because of increased enrollment and changing services.

Children's Health Insurance Program (CHIP)

CHIP was initiated in October 1997. CHIP insures children in families with incomes from 133 percent to 150 percent of the federal poverty level. Children from families who qualify for CHIP can be insured to their 19th birthday. Children from families with household incomes less than 133 percent of poverty level are eligible for regular Medicaid, also known as Title XIX, which covers children through their 20th birthday.

During SFY 2003, there was a monthly average of 11,361 children enrolled in CHIP, with 10,704 enrolled on June 30, 2003. It costs an average of \$120 per month to insure a child in CHIP. The federal government funds 80 percent, the State 20 percent.

Title XXI CHIP Monthly Enrollment and Monthly CHIP Payments*



* The count of CHIP enrollees is the total number enrolled each month.

CHIP Choice and Access Card Program

Work has begun on a new health plan in Idaho called the CHIP Choice and Access Card Program. This program will assist low-income working parents whose income is between 151-185 percent of the federal poverty level obtain insurance coverage for their children. The proposal allows parents who qualify to begin enrolling their children in July 2004. CHIP Choice will give parents an opportunity to sign up for insurance similar to Medicaid CHIP, but with more limited benefits. A parent also may opt for the Access Card, which will help families purchase health insurance for their children from a private carrier or through their employer.

Participants and Expenditures by Program

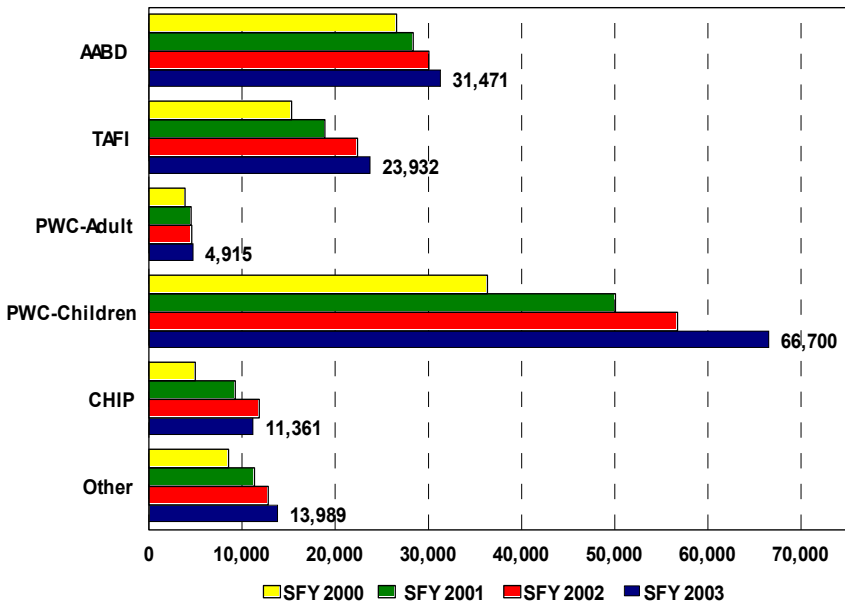
Aid to the Aged, Blind and Disabled (AABD) is the largest Medicaid expenditure category. Adult consumers receiving services from this category utilized \$600 million in SFY 2003 benefits, averaging \$19,060 annually for each full year Medicaid consumer.

Coverage of Pregnant Women and Children is divided into two categories — one for children, the other for adults. PWC-Children provides health insurance for newborns to 20 years of age, although eligibility income is more limited for those seven years and older. PWC-Adults provides health insurance for adult pregnant women. While these two programs are related, services provided to each category are different.

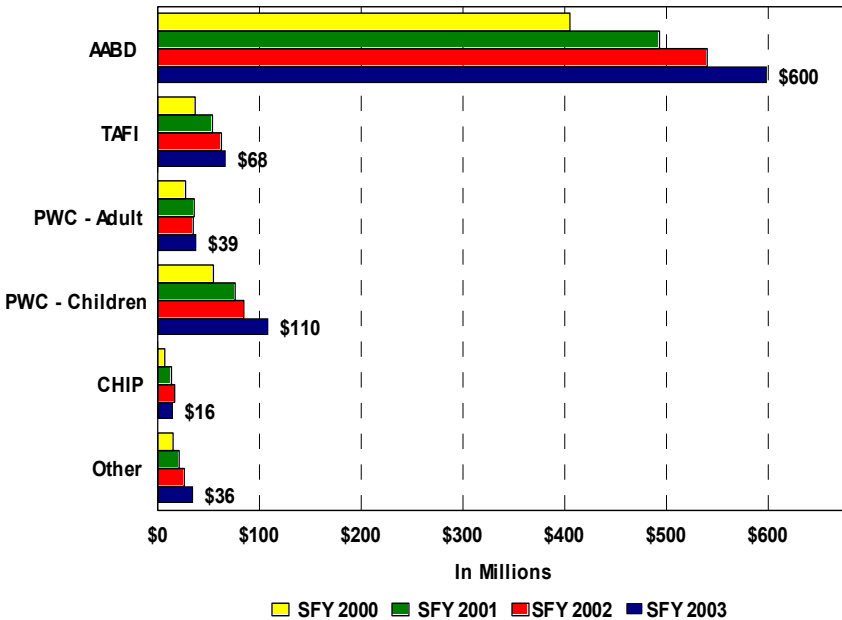
Benefits utilization for children in CHIP costs the State \$120 per month per child, while PWC-Children averages \$137 per child each month. Combined coverage for both groups cost the State \$126 million in SFY 2003.

The average number of people served by Medicaid each month in SFY 2003 was 152,679. We also do a count on the last day of the State Fiscal Year to depict any trends in relationship to the average yearly enrollment. On June 30, 2003, there were 156,674 adults and children receiving services provided by Medicaid. This is 4,000 people more than the monthly average.

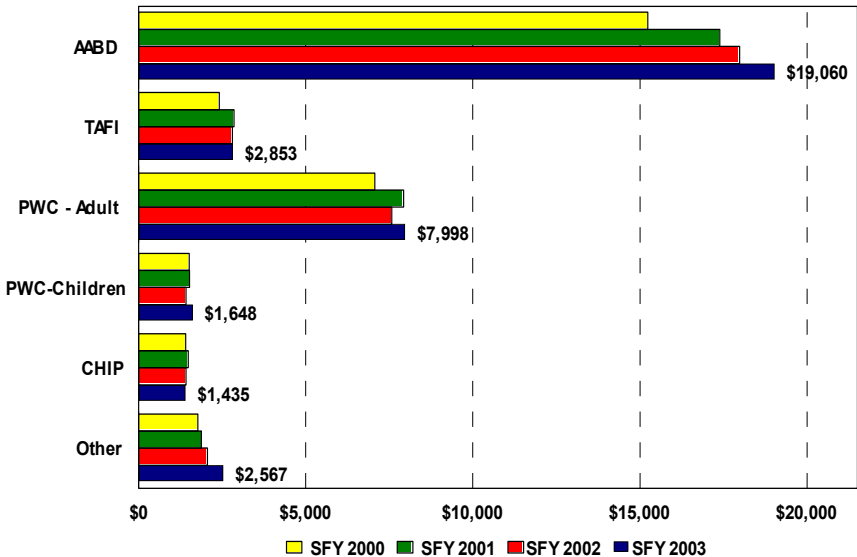
Monthly Average Medicaid Participants by State Aid Category



Annual Medicaid Payments for Services



Average Annual Medicaid Expenditures per Average Monthly Enrollee



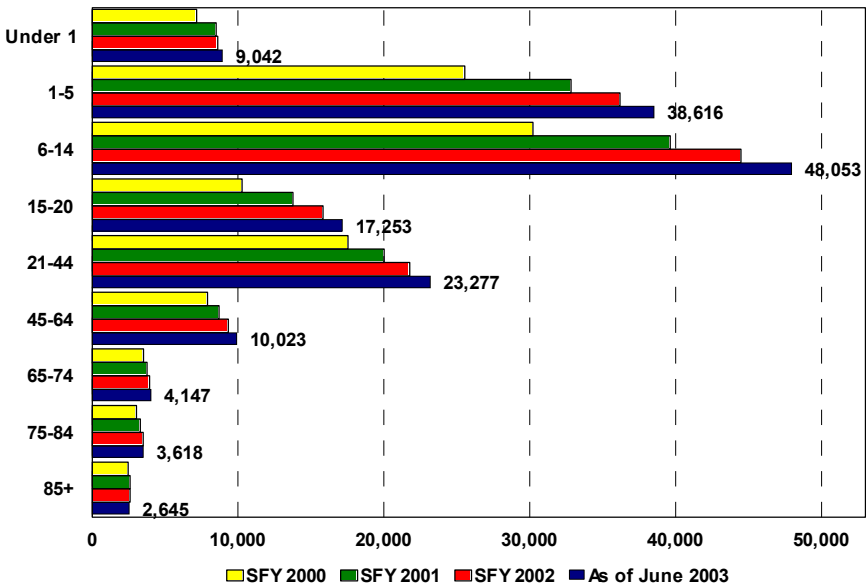
NOTE: The State spends approximately \$1,435 per year for each child in CHIP and \$1,648 for each child in PWC-Children. Children far outnumber adult consumers in Medicaid but cost far less.

Medicaid Participants and Expenditures by Age

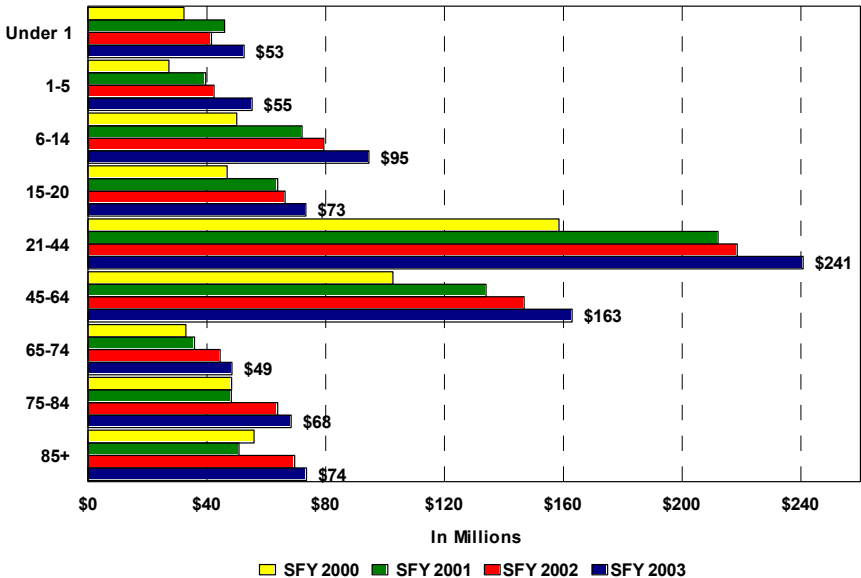
Children and young adults under 21 make up the greatest number of Medicaid enrollees. During SFY 2003, children and young adults under the age of 21 cost an average of \$203 per month each. This includes all children's services provided by Medicaid, not just through CHIP or PWC-Children.

The largest total Medicaid expenditure was the 21-44 age group which received \$241 million in services. This averages \$862 per month for each participant. The group with the largest enrollee expense was in the over-85 age category. This group averaged \$2,316 per month for each participant.

Medicaid Enrollees by Age (Includes CHIP)



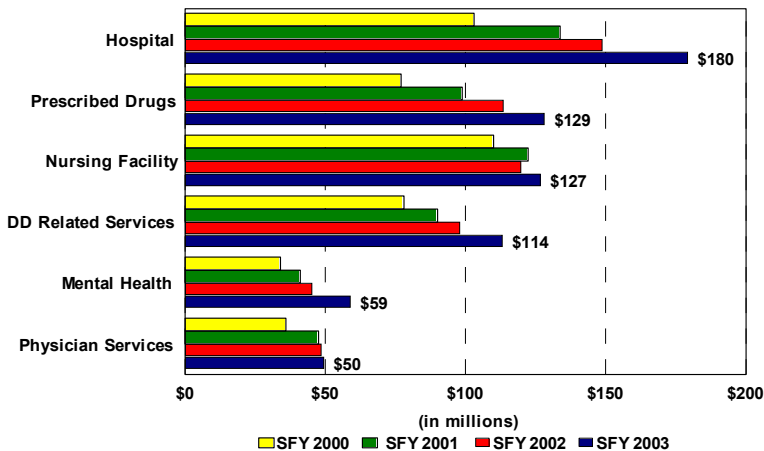
Annual Medicaid Expenditures by Age (Includes CHIP)



Medicaid Covered Services Expenditures

The hospital expenditures category continues to be the most costly service for the Medicaid program, with more than \$179.7 million spent in SFY 2003. Prescription drugs replaced nursing homes as the second most expensive category. The State's Medicaid program must budget and pay for prescription drugs, but negotiates rebates from pharmaceutical companies each year. For SFY 2003, Medicaid could receive up to \$27.3 million in rebates. This rebate is not included in the chart below because rebate dollars will be collected in SFY 2004.

Top Six Medicaid Services Expenditure Categories



Note: Nursing facility expenditures include \$3 million in expenses by Syringa House, a skilled nursing facility located at State Hospital South.

Cost Containment Measures for Medicaid Services

Hospital Expenses: While hospitals continue to be the biggest expenditure for Medicaid, initiatives have begun to contain growth. In SFY 2003, a review of a patient's length of stay in a hospital was lowered from four to three days. After three days, a qualified contractor will review a case using federal standards to determine if a patient requires continued hospitalization. Clinical evidence indicates there is little impact in shortening a client's stay in the hospital if the patient's medical needs do not require it.

In addition, Medicaid lowered reimbursement to hospitals by three percent in SFY 2003, putting Idaho's payment rate more in line with the rest of the nation.

Prescribed Drugs: The Medicaid Division has taken several steps to help slow the cost growth of prescription drugs. The most important effort — the Enhanced Prior Authorization Program — began in fall 2003 (SFY 2004). The program uses clinical and cost analysis to determine which drugs **do not** need authorization to be prescribed to Medicaid clients.

Drugs that do not measure up as the most effective for controlling the disease for which they are prescribed may fall under the group of drugs that need prior authorization before they will be paid for by Medicaid. A panel of recognized health care providers assists Medicaid in making those determinations.

This program is assisted by automated software called SmartPA. Combined, Smart PA and Enhanced Prior Authorization will be a largely transparent system that ensures the right outcomes for the Medicaid client at the right price. Other pharmacy initiatives already in place include rebates from drug manufacturers, therapeutic consultation, and State maximum allowable cost for generic drugs.

Nursing Facilities: Nursing home costs have stabilized in recent years after a decade of double-digit increases. Much of the reason for the slower growth has been the home- and community-based waivers which allows Medicaid to provide services in the home or similar setting rather than a nursing facility. (Waiver information is available on pages 33-34). In SFY 2003, Medicaid also changed its reimbursement policy so the federal government picks up a larger portion of clients' nursing facility expenses.

Developmental Disabilities Related Services: Under direction of the Legislature, the Department implemented on October 1, 2003, the Care Management for Adults with Developmental Disabilities Program. Successfully piloted in Region 2, it is designed to improve quality of care by providing the right services at the right time at right cost to enhance health, self-determination and independence of consumers. The goal is maintaining quality care while containing rapidly increasing costs. The program will continue to provide services at the local level. Independent Assessment Providers in each regional office will assess individuals applying for services, approve service plans and prior authorize services.

Approximately 3,600 adults may receive services through the program when it is fully implemented. This includes participants on the development disabilities waiver and those receiving services through DD agencies.

Mental Health Services: Most mental health services are administered through the Division of Family and Community Services, although payment for services is largely through Medicaid. The increase in expenditures, while lower than many other categories, is still an area of concern. In SFY 2003, Medicaid capped total hours a client could receive non-therapy services. Non-therapy hours, called targeted case management, are used

to assist a client with scheduling and arranging direct therapy. The service used to be unlimited, but Medicaid now has capped service at five hours per month. In addition, crisis service was more clearly defined in SFY 2003, which should help make better use of targeted case management.

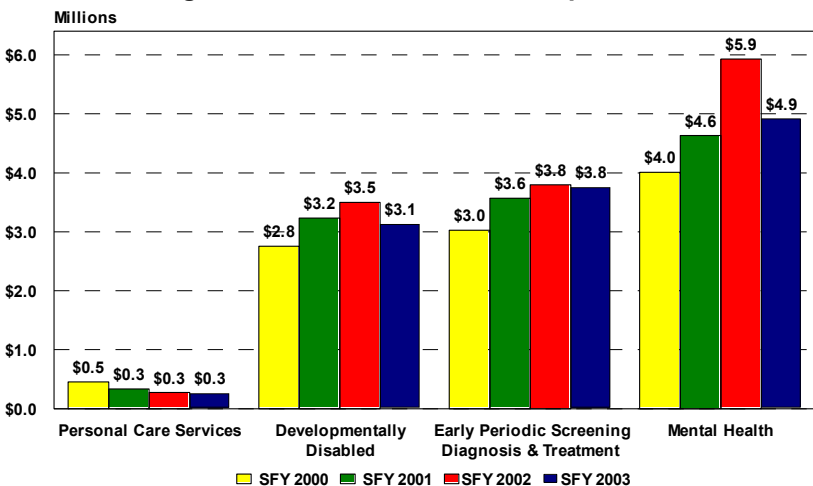
Physician Services: The cost of physician services has stabilized in the last two years due in part to Medicaid's decision to align payment rates with Medicare. The realignment meant payment for some services went up for Idaho doctors, but in other cases went down to meet the existing Medicare rate.

Targeted Service Coordination

Targeted Service Coordination (TSC) assists individuals in acquiring supports and services to live as independently as possible in their own communities, and not in nursing facilities or institutions. TSC coordinates the care of individuals with mental health issues, developmental disabilities, people who require personal care services, or children with developmental delays.

After several years of large increases in TSC expenditures, Medicaid implemented management tools to slow this growth. From 1999 through 2002, expenditures grew 48 percent, but with the new tools in place, expenditures decreased by \$1.4 million, or 11 percent, in SFY 2003. The Care Management for Adults with Developmental Disabilities Program provides many of the services of TSC through its plan development process, in which plan developers coordinate services for each participant.

Targeted Service Coordination Expenditures



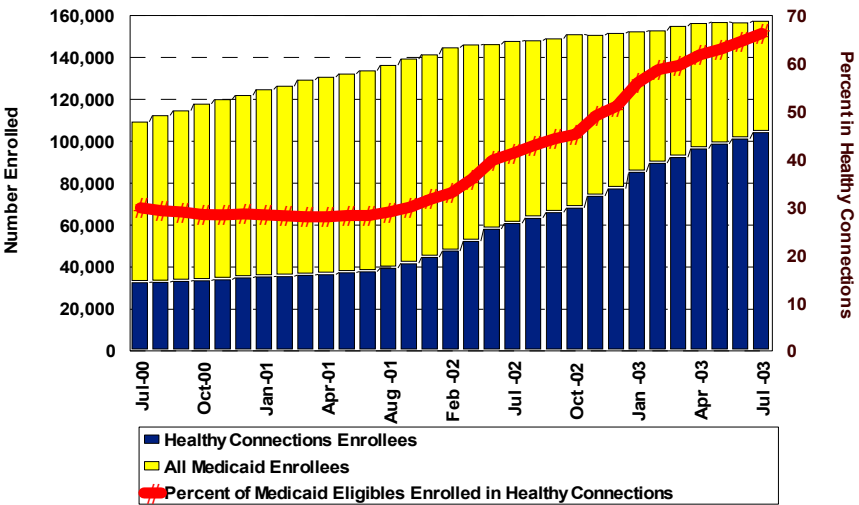
Healthy Connections

Healthy Connections reached an important milestone in August of 2003 — 68 percent of all Medicaid eligibles were enrolled in the primary care program. This means that most Medicaid clients have a “medical home,” or health care provider solely responsible for their primary care. The doctor receives \$3.50 per month for each enrollee. In return, the provider acts as the primary provider of medical care for the individual. This results in improved care for the individual and better control of expenditures for Medicaid. Of course, enrollees still have access to specialists, emergency room use and other services from Medicaid, but in a managed setting through their primary care doctor.

In SFY 2003, the Division of Medicaid’s emphasis on Healthy Connections helped contain expenditure growth. Medicaid’s goal for enrollment is 85 percent for the next fiscal year. Because not all Medicaid clients are eligible for Healthy Connections, the 85 percent goal is probably the peak of enrollment. At the end of SFY 2003, there were 156,674 Medicaid clients, and 101,257 Healthy Connections enrollees.

In SFY 2004, Healthy Connections will begin emphasizing client education on various diseases to provide healthier outcomes and less cost to Medicaid.

Healthy Connections Enrollees vs. Medicaid Eligibles



Home- and Community-Based Services Waivers

Idaho has four home- and community-based services waivers, which allow eligible elderly and disabled individuals to receive services they need without having to be placed in an institution. Costs for supplying waiver services must be no greater than the cost of institutional care.

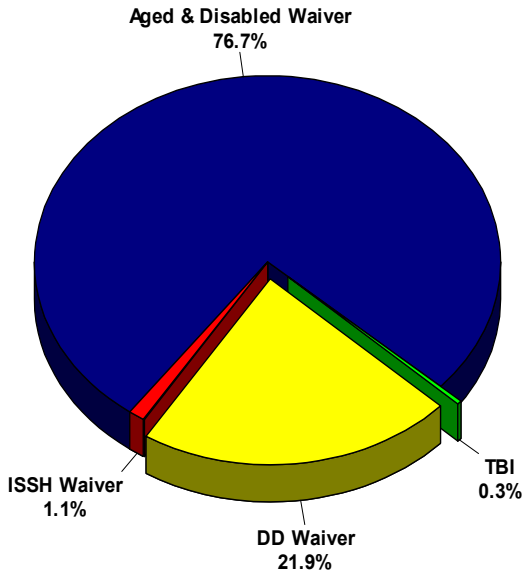
Services can be provided in the consumer's home, a certified family home or a residential or assisted living facility. These waivers allow eligible individuals greater independence in choosing and receiving care they need, while often saving the State money:

- The Aged and Disabled (A&D) waiver is the most widely implemented waiver in Idaho, with an average of 4,044 enrollees receiving services each month. The number of participants for this waiver has tripled over the last four years, after a cap on the number of participants was lifted in 1999. Total annual expenditures for the A&D waiver also have risen rapidly since the enrollment cap was removed. Annual costs have risen from \$6.2 million in SFY 1999 to \$52 million in SFY 2003. Per capita costs for the program rose 90 percent. However, the waiver allows the Department to provide services to people in their home rather than in a skilled nursing facility. The number of beds at skilled nursing facilities has remained stable since implementation of the waiver.
- The Developmentally Disabled (DD) waiver served an average of 1,154 consumers monthly during SFY 2003, up 89 percent from 2000. The DD waiver allows more flexibility and increased choices for enrollees who traditionally would receive services in an intermediate care facility.
- Sixty individuals receive services through the Idaho State School and Hospital (ISSH) waiver in an average month. The program is for adults who would be institutionalized at ISSH if the waiver was not available. The Department has been able to avoid adding beds to this facility by using the waiver.
- The Traumatic Brain Injury (TBI) waiver is for adults who suffer a brain injury after they are 22 years old and would need to be institutionalized in the absence of this service. A monthly average of 16 people were enrolled in this program in SFY 2003.

Home- and Community-Based Waivers Monthly Average Served and Expenditures

Waiver	SFY 2001	SFY 2002	SFY 2003
Aged and Disabled Waiver			
Total Expenditures	\$29,431,565	\$46,290,600	\$52,007,352
Average Monthly Eligibles	2,597	3,647	4,044
Annual Cost Per Eligible	\$ 11,333	\$ 12,693	\$ 12,860
Developmentally Disabled Waiver			
Total Expenditures	\$21,151,820	\$28,150,700	\$34,896,489
Average Monthly Eligibles	855	1,028	1,154
Annual Cost Per Eligible	\$ 24,739	\$ 27,384	30,240
ISSH Waiver			
Total Expenditures	\$ 2,129,424	\$ 2,648,500	\$ 3,306,474
Average Monthly Eligibles	53	57	60
Annual Cost Per Eligible	\$ 40,178	\$ 46,465	\$ 55,108
Traumatic Brain Injury Waiver			
Total Expenditures	\$ 459,031	\$ 728,700	\$ 1,217,001
Average Monthly Eligibles	5	9	16
Annual Cost Per Eligible	\$ 91,806	\$ 80,967	\$ 77,270
Total	\$ 53,171,840	\$77,818,500	\$91,427,316

Percentage of Enrollees by Waiver Type



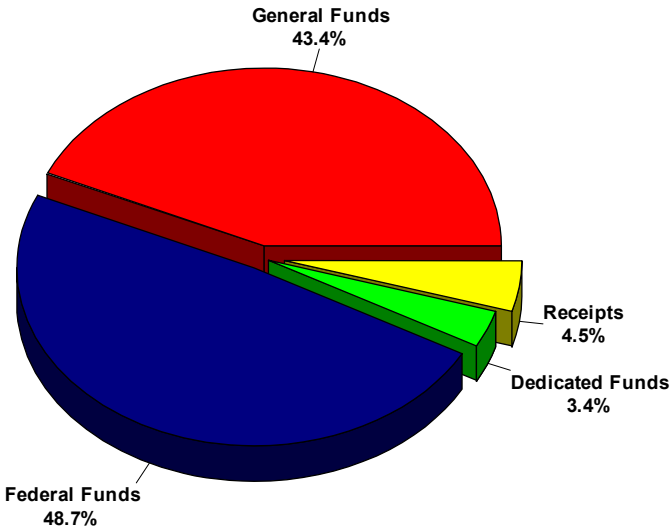
Division of Family and Community Services

Ken Deibert, Administrator, 334-0641

The Division of Family and Community Services directs many of the Department's social services programs. These programs include child protection, adoptions, foster care, children's and adult mental health, developmental disabilities, screening and early intervention for infants and toddlers, and substance abuse prevention and treatment. The programs work together to provide services for children and families that focus on the entire family unit and build on family strengths while supporting and empowering families.

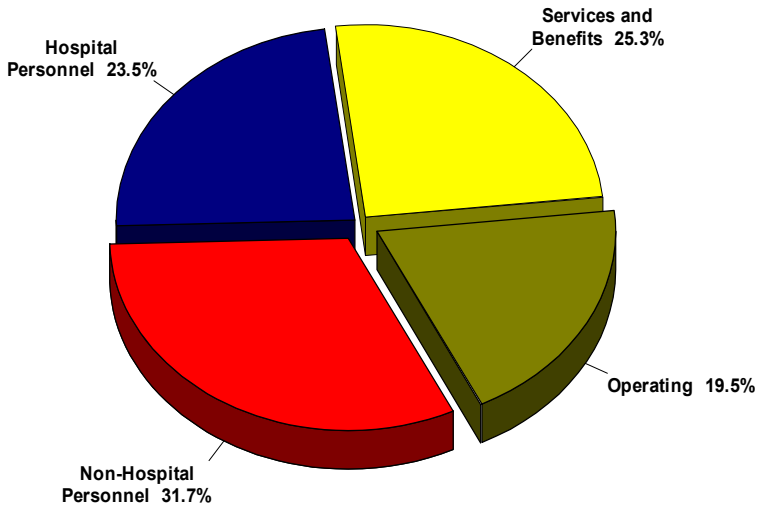
The three State hospitals are also part of this Division. State Hospital South in Blackfoot provides treatment services for adults and adolescents with serious mental illness. In Orofino, State Hospital North also serves adults with serious mental illness. Idaho State School and Hospital in Nampa provides residential care for people with developmental disabilities who are experiencing severe behavioral or significant medical complications, and for whom there is no appropriate community placement alternative.

FACS SFY 2004 Funding Sources



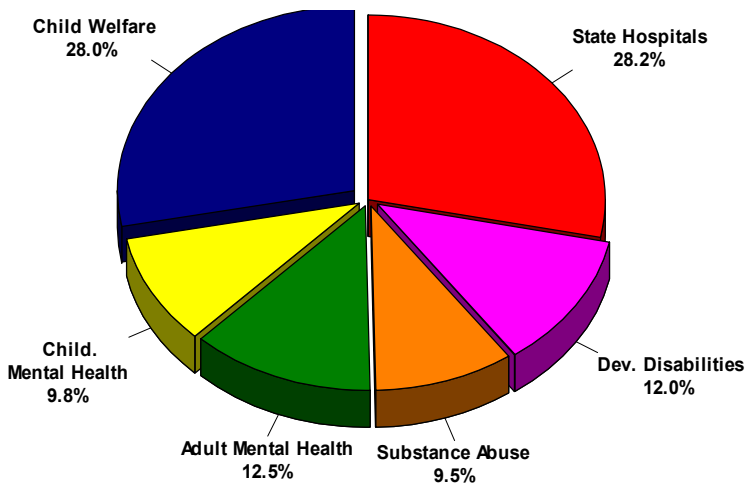
Authorized FTP: 1,575; Original Appropriation for 2004 -- General Fund: \$63.8 million; Total Funds: \$146.9 million; 11.4% of Health and Welfare funding.

FACS SFY 2004 Expenditure Categories



NOTE: Personnel costs account for a greater share of expenditures in FACS because of the 24-hour-a-day, seven-days-a-week staffing levels required at the three State hospitals.

FACS Spending by Program



**Child Welfare includes Child Protection, Foster Care and Adoption.*

FACS Division Highlights in 2003

Children and Family Services participated in the Child and Family Services Review in May, becoming the 38th state to undergo the intensive review process. The national review studies each state's foster care system, and works with states to improve their capacity to help children and their families. Like all previous states that have been reviewed, Idaho did not pass the review. With federal guidance, Idaho's program is now working with community partners to develop a Program Improvement Plan.

Idaho is continuing efforts that began several years ago to recruit foster parents. Idaho needs foster parents who are willing to take sibling groups, children who have behavioral or medical issues, and older children. There is also a need for foster parents of Native American or Hispanic heritage.

To help with recruitment, Idaho is developing a training program to better prepare potential foster parents for dealing with issues a foster child may be experiencing. The training program, called PRIDE, or Parent Resources for Information, Development, and Education, is a model for developing and supporting foster and adoptive families. It's designed to strengthen the quality of family foster care and adoption services by providing a standardized, consistent, structured framework for recruitment, preparation, and selection of foster parents and adoptive parents. It also provides in-service trainings and on-going professional development for current foster parents.

The Children's Mental Health Program continues to develop the System of Care, a national best practice for children who may suffer a serious emotional disturbance. The System of Care develops community councils that coordinate care provided by multiple agencies. The goal is to provide integrated services in each child's community, so they can remain with their families while receiving care they need. More than 28 community councils are now staffing cases statewide.

A Developmental Specialist in the Idaho Infant Toddler Program received national recognition last fall. Hortencia Lemus received the Sally Provence award for Excellence, which is given to one individual nationally each year. Lemus works with children up to three years of age, providing developmental therapy in communication; gross and fine motor skills; and social, adaptive and cognitive skills. She also does therapy in Spanish.

Idaho CareLine

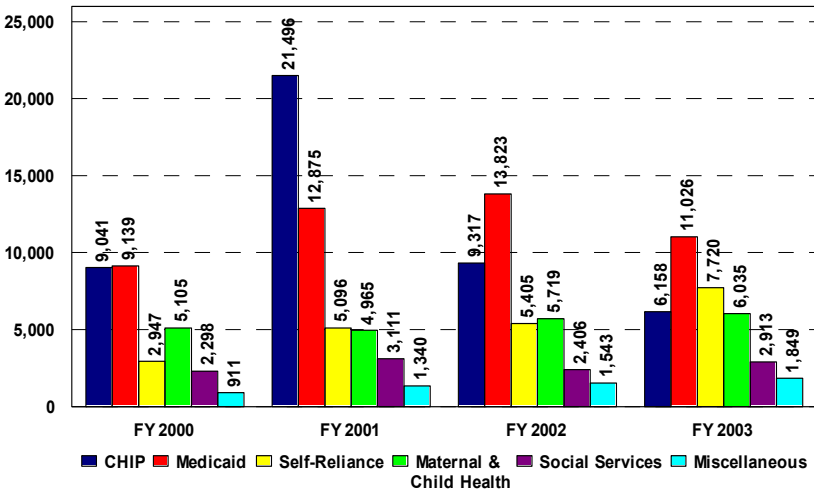
The Idaho CareLine is a bilingual, toll-free, telephone information and referral service available to link citizens with health and human services in Idaho. The Idaho CareLine serves as a central directory for Department programs and has a database containing approximately 3,000 health and human service contacts. CareLine is staffed by six Customer Service Representatives who in SFY 2003 helped 35,701 callers needing assistance.

During the last year, Idaho CareLine has partnered with the 2-1-1 Idaho Project to implement 2-1-1 service in Idaho. 2-1-1 is a national initiative providing an easy-to-remember, three-digit phone number that provides easy access for callers to receive information and get connected to local community resources. In Idaho, 2-1-1 now rings to the Idaho CareLine. The service became available throughout Idaho in July 2003, making Idaho the fourth state in the nation to offer 2-1-1 service statewide. The Idaho CareLine telephone number is 2-1-1 or 1-800-926-2588.

Calls to the Idaho CareLine have decreased over the last three years, primarily due to a decline in inquiries for CHIP information. However, in July 2003, Idaho CareLine was chosen to manage parent and provider calls for Child Support Services. In the first quarter of SFY 2004, Idaho CareLine received more than 20,000 calls, one-quarter of them related to child care. In October, CareLine set an all-time record for calls received, fielding more than 7,200 inquiries.

The Idaho CareLine helps callers Monday through Friday, 8 a.m. to 6 p.m. MST. Additional information is available at www.idahocareline.org.

Number of Calls Received by the Idaho CareLine



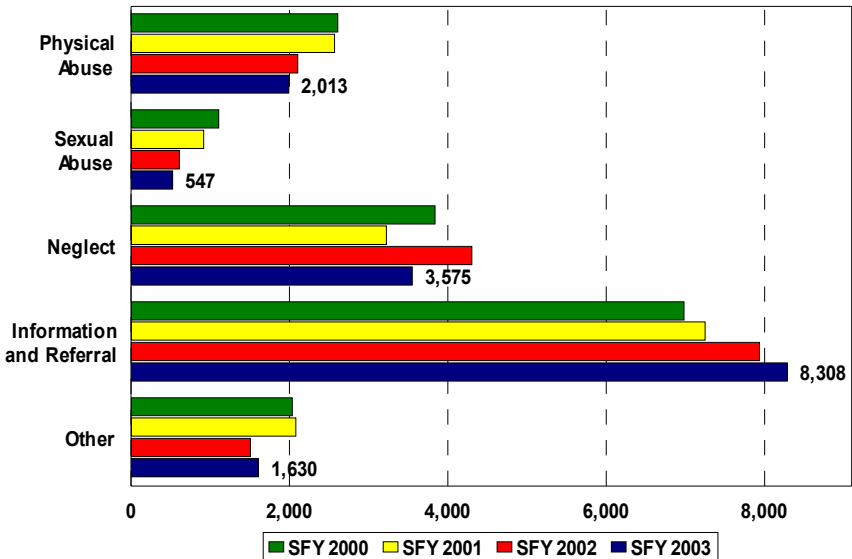
Children and Family Services

Children and Family Services is responsible for child protection, foster care, adoptions, compliance with the Indian Child Welfare Act, and Children's Mental Health.

Child Protection

Idaho screens or assesses each report or referral it receives about possible child abuse or neglect. Referrals of physical abuse, sexual abuse and neglect all require a risk assessment to determine a child's safety. More than half of all child protection referrals in Idaho come from educators, medical professionals, child care providers, social service providers and other professionals.

Child Protection Referrals



NOTE: Information and referral calls usually are from people seeking information about child protection and frequently are referred for services in other divisions or agencies. "Other" includes homeless families, the School-Based Prevention Program, voluntary service requests and emergency assistance. "Neglect" includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards and Juvenile Justice evaluations.

Foster Care

The foster care program is one of the cornerstones of the State's child welfare services system. Foster families, in partnership with agency staff, are on the forefront in caring for children who have been abused, neglected or experienced other problems within their family.

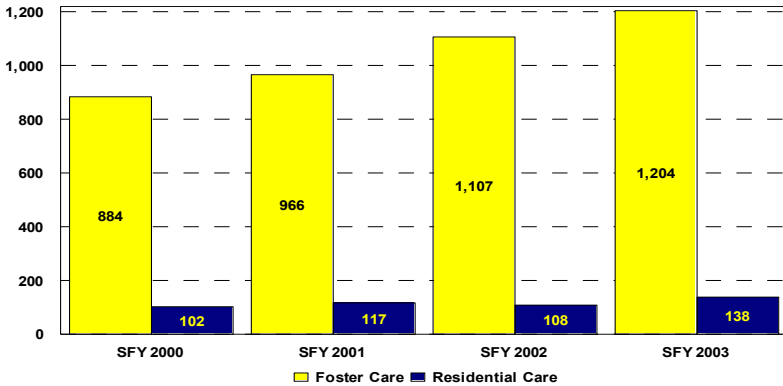
As part of their role, foster families provide a temporary, safe environment that protects and supports children when their own families are unable to do so. The foster care program provides services to the entire family, with the goal of reuniting the family in a safe and healthy environment. In some instances, when a child's family is unable to make necessary changes to protect their children, the foster family may be considered a permanent placement for a foster child through the State's adoption program. Other permanent placements include relative care or guardianship.

The need to recruit and retain foster families is critical as the number of children in foster care increases. Last year, 2,382 children were placed in the our foster care system by the courts or law enforcement. On any given day, we have approximately 1,200 children in foster care. We also have approximately 1,200 foster families in the state. On the surface, the number of foster families appears to be sufficient to care for Idaho's population of foster children. However, Idaho has a great need for additional foster parents. Approximately one-third of current foster families are relatives of a child placed in foster care, and may not be available for other children who are unrelated. Additionally, many foster families prefer not to provide foster care to sibling groups, older children, or those with emotional and behavioral issues. There is also a need for parents of Hispanic and Native American ethnicity.

To combat this need, the Department has initiated an aggressive statewide recruitment and training effort for foster parents who can accommodate children who are difficult to find placements for. We are actively recruiting foster parents through advertising, open houses, our community partners, and letters to Idaho businesses requesting help.

We also are providing training programs for foster parents, which provide opportunities for them to develop parenting skills and techniques to deal with children who have been abused or neglected. These classes offer an opportunity for foster parents to network with other foster families and child protection professionals to come up with solutions to many of the complex problems a foster child may experience.

Number of Children in Foster Care on June 30th



NOTE: Foster care includes licensed family homes, relatives who provide temporary care to children on a 24-hour basis when those children cannot remain safely in their own homes. Residential care refers to licensed group living situations for children.

Total Number of Children Placed in Foster Care

	SFY 2000	SFY 2001	SFY 2002	SFY 2003
Number of Children	2,008	2,176	2,260	2,382
Annual Expenditures	\$4.5 Million	\$6.7 Million	\$8.1 Million	\$9.6 Million

Independent Living

Idaho's Independent Living Program is designed to assist older foster youth to transition successfully from foster care placement to living as self-reliant adults. The program strives to accomplish this through providing goods and services that address employment, education, housing and personal needs of eligible youth.

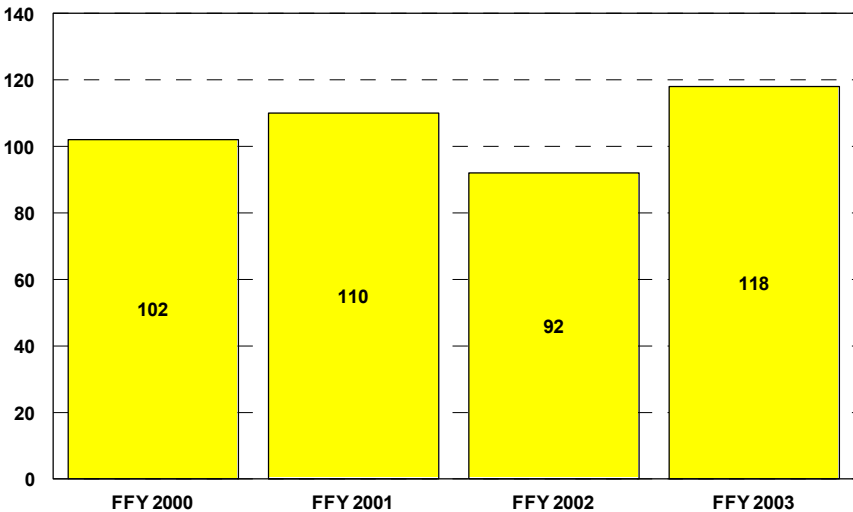
During the past year, 581 foster youth between the age of 15 and 21 years of age received services through Independent Living. In addition, Family and Community Services has collaborated with several partners throughout Idaho to provide support to more foster youth who are preparing for the challenges of adult living. Partners include the Casey Family Programs, the Division of Vocational Rehabilitation, and each of the Native American tribes residing in the state.

New for 2003 is the Education and Training Voucher Program. Congress amended the Chafee Foster Care Independence Program to expand and strengthen educational and training opportunities for youth leaving foster care. These funds assist youth who have post-secondary education and training goals. Youth who have been in foster care and have received their high school diploma or GED may be eligible for program funds.

Adoption

Idaho's Adoption Program is strongly committed to assuring children are placed with permanent, loving adoptive families. In almost all cases, children adopted through Idaho's foster care system have special needs. These children may be part of a sibling group that must stay together. They may be children who have physical, mental, emotional or medical disabilities, or are at risk of a disability because of known history. Or, the potential adoptive child may be older, which can make it more difficult to find an adoptive family.

Adoptions Finalized



Children with special needs who are adopted from Idaho's foster care system are eligible for either federal or State adoption assistance benefits. These benefits help adoptive families meet expenses to finalize the adoption and also help defray the cost of parenting a child who has special needs. Families must apply for these benefits and negotiate a contract with the Division of Family and Community Services prior to the child's adoption to receive adoption assistance.

Monthly Adoption Assistance SFY 2003

Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	674	\$394
State	131	\$315
Total	805	\$381

Wednesday's Child

Idaho communities work together through the Wednesday's Child adoption promotion program to shorten the time children wait to find loving, permanent families. Seventy-five percent of Idaho's hard-to-place children find permanent families through this program. Prospective parents can learn more about waiting children through professional portraits, written messages from children, videotaped television segments, newspaper columns, radio talk shows and by logging onto a special web site at www.idahowednesdayschild.org. The web site averages more than 10,000 contacts per month.

During the last year, 35 Idaho children were introduced through media outlets that reach throughout Idaho into bordering states and over the Internet. As of September 2003, 17 children have been placed with adoptive families and long-term placements were found for two others. Sixteen children wait in foster care for a permanent family. (A small number of children from Oregon also participate in this program because of Idaho media coverage into eastern Oregon, but are not included in these figures.)

The Wednesday's Child program is administered by Special Needs Adoptive Parent Services, Inc. (SNAPS), a charitable non-profit corporation. More than \$200,000 of in-kind services, such as television and radio broadcast time, newspaper column space and professional portrait sittings are donated by community media partners and more than 80 local businesses. Idaho media partners include television stations KTVB News Channel 7 (Boise), KIFI Local News 8 (Idaho Falls), Clear Channel Communications with 580 News Radio KIDO (Boise), and five print publications, the Idaho Press Tribune (Nampa), Idaho Post Register (Idaho Falls), the Portneuf Valley Parent's Magazine (Pocatello), the Times-News (Twin Falls), and the St. Maries Gazette-Record (St. Maries).

Child and Family Services Review

In 2000, outcomes and standards were established by the Children's Bureau of the U.S. Department of Health and Human Services to assess state conformance with specific requirements regarding best practice standards of the child welfare system. Each state is scheduled to undergo the Child and Family Services Review of these standards to monitor their progress. Idaho completed that review in May 2003. Like the other 38 states previously reviewed, Idaho did not pass all areas of the review.

Results of this intensive review address both strengths and areas that need improvement in Idaho's child welfare program. Strengths include:

- Idaho's program effectively places children in foster homes that are in close proximity to their families, and the program utilizes relatives as a placement option when appropriate;
- The program meets educational needs of children in foster care;
- Children and Family Services works closely with its community partners and is responsive to their needs; and
- The Department has a very capable statewide information system to identify state demographics, location, and goals of children in foster care.

The two major areas that need improvement are:

- The Department can improve stability of foster care placements, reduce number of children who re-enter foster care and pursue permanency in the living situations for children in a more timely manner; and
- The program can enhance a family's capacity to provide for their children's needs. This includes meeting needs of children, parents and foster parents, increased worker visits with children and parents, as well as involving children and families in case planning.

The Department is involving 39 community partners and 51 staff members to develop the State's Program Improvement Plan. This plan will target areas needing improvement. The State will be reviewed again in two years to examine the State's performance and progress with its improvement plan. There are financial penalties for states that do not show improvement during this two-year period. Idaho's penalty could be as high as \$295,311. Additional resources may be needed to meet improvement plan requirements.

Children's Mental Health Services

The Department of Health and Welfare provides a continuum of public mental health services to children and their families through outpatient and inpatient treatment, or in residential settings. Services are primarily delivered through contracts and service agreements with private service providers. Medicaid pays for the majority of public mental health services for children in Idaho.

A major goal in providing services is to minimize the need for children to be removed from their homes to receive necessary care. Treatment in the family home and community environment is less disruptive and more supportive of the family as they address their child's mental health needs.

The Children's Mental Health Program is participating in developing a community-based "System of Care" for children with serious emotional

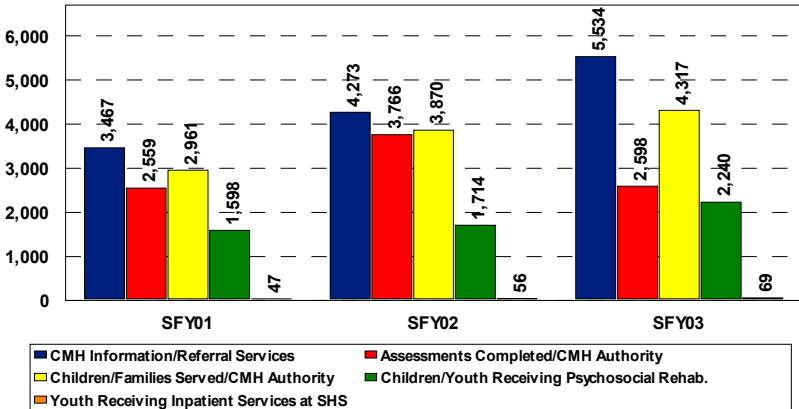
disturbances and their families. In a System of Care, the delivery of services by multiple agencies is as seamless as possible for the family and well-coordinated through interagency collaboration.

The Idaho Council on Children's Mental Health (ICCMH) is leading this effort under the direction of the Idaho Lieutenant Governor and through statewide collaboration between directors of agencies that serve children, advocates and providers of mental health services.

ICCMH provides oversight to seven Regional Children's Mental Health Councils. The councils represent more than 28 local Children's Mental Health Councils throughout the state and seek to provide a coordinated, comprehensive case plan for children with a serious emotional disturbance and their families. Councils seek to develop treatment and support opportunities in their local communities.

Parents and family members of children with serious emotional disturbances play an important role in developing the System of Care. They are involved in developing all levels of the system, from their own service plans to policies and laws. Without involvement of parents and the support necessary to sustain their involvement, the System of Care would not be able to achieve positive outcomes for children and their families. Additional information can be found in the State Mental Health Plan at www2.state.id.us/dhw/mentalhealth/Plan02/MHP_contents.htm.

Children Receiving Mental Health Services



Note: The Children's mental health program has realized a reduction of 14.5 full-time staff positions in the last year as a result of SFY 2003 budget holdbacks. To ensure this did not result in reduction of services to children and families in Idaho, the assessment and service planning function of the Psychosocial Rehabilitation program was contracted to private providers. This resulted in a reduction in number of assessments completed by the CMH program, but there continues to be increases in the number of children and families served by Medicaid funding and through the FACS Division.

Adult Mental Health Services

Like most other states, Idaho's community-based System of Care for adults focuses on assessment, treatment and rehabilitation of people with serious and persistent mental illness, such as schizophrenia. The purpose of this program is to minimize rehospitalization and enable consumers to live successful and productive lives in their own communities.

The two-fold focus of the State Mental Health System is to provide intensive treatment services to those who have an acute psychiatric crisis and to provide long-term intensive services to those who have serious and persistent mental illnesses. Services include crisis intervention, case management to help link and gain access to the programs needed for clients to live in their communities, Assertive Community Treatment (ACT), and Psychosocial Rehabilitation. Services are provided primarily through a network of seven State-operated, regional community mental health centers, working in collaboration with a growing private sector.

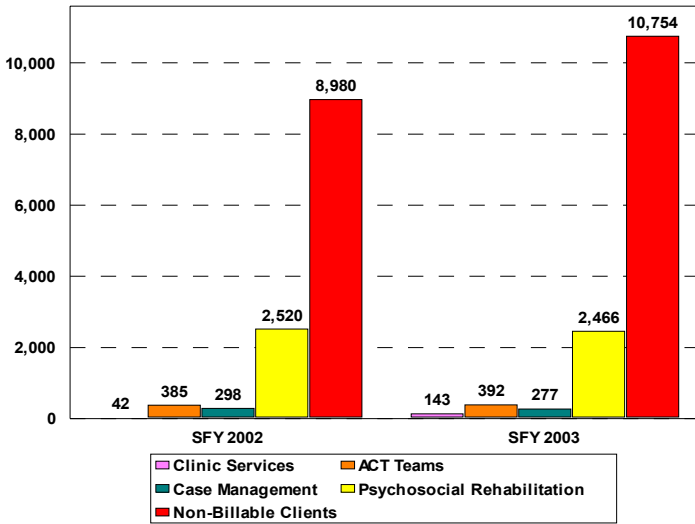
The Federal Mental Health Block Grant Core Monitoring Report identifies notable achievements and programs for community mental health services in Idaho. They include:

- Extensive involvement of consumers and family members in decision-making;
- Collaboration with private agencies to provide mental health services;
- The State's positive response addressing the stigma of mental illness in Idaho;
- The ongoing commitment to Idaho's Office of Consumer Affairs and Technical Assistance for Adult Mental Health, which serves adult consumers of mental health services;
- Continued use of the ACT Team model, nationally recognized as a best practice form of treatment, producing lower rates of hospital readmission for our clients; and
- Commitment to provide Psychosocial Rehabilitation as the core service component to community integration. Psychosocial Rehabilitation treats the mental illness of our clients, offers services in their communities, and helps them develop life skills.

Using national rates of occurrence with the 2000 census, it is estimated 50,000 Idahoans suffer a serious mental illness, while an additional 24,000 suffer a severe and persistent mental illness. Most recent data from the American Association of Suicidology ranks Idaho as having the seventh

highest rate of completed suicides. The National Association of State Mental Health Program Directors places the state 42nd lowest in per capita spending for adult mental health services in their 2001 spending report. Additional information about community-based adult mental health services in Idaho is available at www2.state.id.us/dhw/mentalhealth/index.htm.

Community-Based Adult Mental Health Clients



NOTE: SFY 2002 was the first year we accurately could count our services to non-billable clients. These are people who receive services, often in a crisis situation, but receive further treatment from the private sector. Typically, a case is not opened and the Department does not continue services for them. More than 75 percent of people served were non-billable clients.

Substance Abuse Services

The Department's Substance Abuse Program provides services that include prevention and treatment programming, prevention and treatment staff development, prevention and treatment program approval, and DUI evaluator licensing.

The Department partners with Regional Substance Abuse Authorities to assess regional needs and assets for substance abuse prevention and treatment services. The partnership sets local service priorities, allocates available resources, and evaluates effectiveness of programs. Services are delivered through contracts and grants by private and public agencies with a focus on best practices and research-based programs.

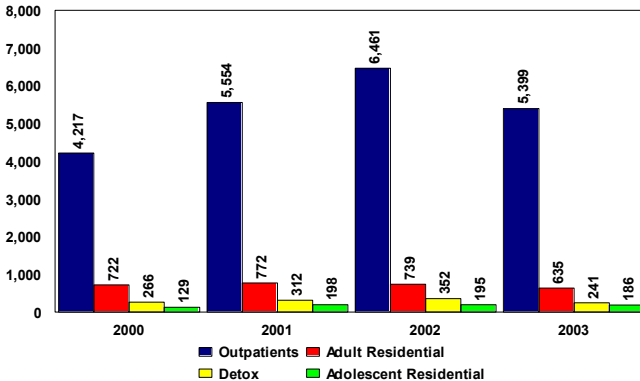
Substance abuse prevention services use an array of strategies to target populations, ranging from early childhood to adults. Prevention services are designed to foster development of anti-use attitudes and beliefs and to facilitate development of social and learning skills that enable youth to lead drug-free lives. Services include education of youth and parents, programs for children of addicts, mentoring and after-school programs, life skills programs, and community coalition building.

The goal of treatment services is to eliminate dependence on alcohol and other drugs. Throughout the state, the Department has established substance abuse treatment services for indigent citizens abusing or dependent on alcohol or other drugs. The continuum of community-based care for adults includes social-setting detox, residential (24-hour-per-day) treatment, intensive outpatient treatment, outpatient treatment and halfway houses. Specialized treatment services also are available for pregnant women, women with dependent children and adolescents.

The Department also funds addiction studies programs at Boise State University, the College of Southern Idaho, Lewis-Clark State College, Idaho State University and the University of Idaho. Instructors and program coordinators and the Department developed and implemented a competency-based curriculum on-campus and through the Internet to prepare Certified Alcohol Drug Counselors.

Besides staff in the Substance Abuse program, Department employees are taking part in ATOD, a Department initiative to help clients abusing alcohol, tobacco or other drugs. As an example, if a client receiving Food Stamps appears to be abusing alcohol, a Department employee will give them information about substance abuse and contact information to access help.

Adult and Adolescent Substance Abuse Clients Per Service



Note: Approximately 5,400 clients received substance abuse services from the Department in 2003. Many received services in more than one setting. Reduced funding in 2003 impacted the number of people who received services.

Substance Abuse Clients by Primary Substance

In July 2003, the substance abuse program initiated a four-year strategic venture to enhance performance of the Department's substance abuse treatment system of care that includes an emphasis on clinical supervision and client's motivation to change. This includes development of services for those with co-occurring disorders or issues such as substance abuse and mental health disorders, substance abuse and criminal justice issues, and substance abuse and child protection issues.

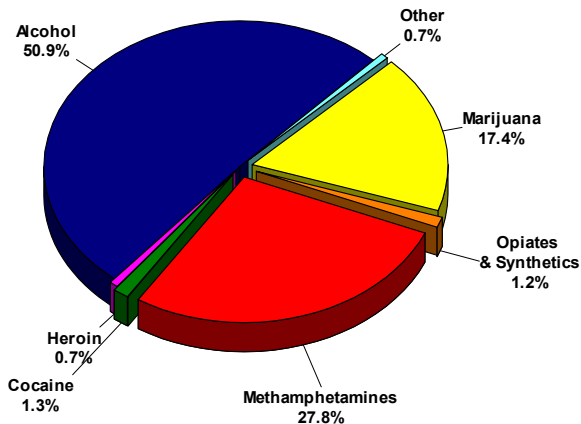
Methamphetamine addiction in adult and adolescent populations continues to rise. Sixteen percent of adult clients reported methamphetamine as their primary drug choice in 1997. In 2001, this number rose to 24 percent, increasing to 27.8 percent in 2003. Methamphetamine-specific treatment programs are being developed, and we anticipate more will be needed in the future. Typically, methamphetamine treatment programs are more intensive, longer in duration and more expensive per client.

In 2000, the Department began a five-year plan to fund "best practice" substance abuse prevention programs. The federal government identifies these as most effective for preventing substance abuse. Idaho's program implements some of these each year, with the goal of adopting all by 2005.

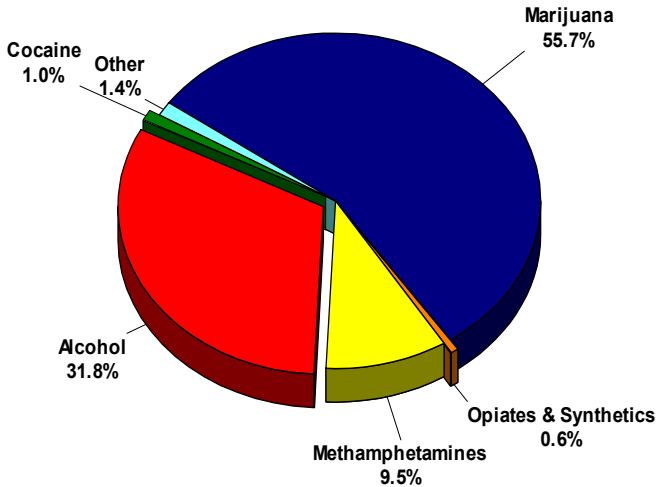
The Department also is working with the Idaho Supreme Court to expand the number of Drug Courts in each judicial district. The courts are proving very effective in addressing substance abuse.

Additional substance abuse information is available at www2.state.id.us/dhw/mentalhealth/index.htm.

Adult Substance Abuse Clients By Primary Substance in SFY 2003



Adolescent Substance Abuse Clients by Primary Substance SFY 2003



The Idaho Tobacco Project

The Department of Health and Welfare and the Idaho State Police are partners in the Idaho Tobacco Project. The collaborative effort blends merchant education, retailer permitting and inspections into a comprehensive program designed to reduce the sale of tobacco products to youth under age 18. The number of inspections conducted annually is determined by a formula that rewards retailers by reducing the number of inspections when the non-compliance rate (the percentage of time tobacco products are sold to inspectors) is low. The formula also increases the number of inspections per year when the non-compliance rate increases. The non-compliance rate rose slightly during 2003.

	CY 2000	CY 2001	CY 2002	As of 10/31/03
Permittee	1,777	1,752	1,866	1,804
Inspections	670	2,075	2,840	1,529
Violations	137	444	312	244
Non-Compliance Rate	20.5%	21.4%	13.3%	15.6%

NOTE: Funding for inspections was provided through federal money by the Food and Drug Administration. This funding ended in 2000. The Idaho State Police and Health and Welfare began a partnership to provide inspections in 2001.

State Hospital South

Ray Laible, Administrator, 785-8402

State Hospital South provides psychiatric inpatient treatment and skilled nursing care to Idaho's adult and adolescent citizens with the most serious and persistent mental illnesses. The hospital works in partnership with families and communities to enable clients to return to community living. The Blackfoot facility is accredited by the Joint Commission on Accreditation of Health Care Organizations and features 90 psychiatric adult beds, 30 skilled nursing beds and 16 beds for adolescents.

The 30 skilled nursing beds are in the Syringa Chalet Nursing Facility and offer services to consumers who have a history of behavioral or psychiatric illness. The average age of a Syringa facility client is 75. Adolescents between the ages of 11 and 17 years are treated in a psychiatric unit geographically separated from adult treatment.

Treatment is provided through an interdisciplinary team, which includes psychiatrists, physicians, psychologists, nurses, therapeutic recreational specialists and social workers. The team works with patients and their families to develop and implement individual treatment plans. Treatment includes evaluation, medications, individual and group therapy, education, recreation and discharge counseling.

Inpatient Psychiatric/Skilled Nursing Services

	SFY 00	SFY 01	SFY 02	SFY 03
Utilization Based on Census Days				
Adult Psychiatric Census Days	28,252	27,839	29,163	28,962
Daily Occupancy Rate	86%	84.5%	88.8%	88.2%
Skilled Nursing Census Days	8,918	9,846	8,932	8,669
Daily Occupancy Rate	84.3%	92.8%	84.4%	81.9%
Adolescent Unit Census Days	3,988	3,733	3,693	4,073
Daily Occupancy Rate	68.3%	63.7%	63.2%	69.7%
Hospital Volume of Service				
Number of Admissions	394	427	365	402
Number of Census Days	41,552	41,418	41,788	41,704
Readmission Rates	40.1%	34.9%	38.4%	31.8%
Cost Per Patient Day	\$386	\$389	\$407	\$391

Note: Census days are all days the hospital is responsible for each patient's care. The SFY 2003 budget for State Hospital South was \$16.6 million, which includes \$7.4 million in State general funds.

State Hospital North

Jay Kessinger, Administrator, 476-4511

State Hospital North is a 50-bed psychiatric hospital that provides treatment to acute, court-committed patients of Idaho. The hospital works closely with regional mental health centers and other hospitals in an integrated care system. Referral, treatment and discharge planning are all part of this coordinated effort.

Direct treatment within the hospital is provided by clinical staff who form interdisciplinary treatment teams. Team members consist of psychiatrists, a Nurse Practitioner, a non-psychiatric medical doctor, Therapeutic Recreation Specialists, nurses and clinicians. Those on clinical staff provide evaluations, medications, individual and group therapies, education, community integration, recreational and educational activities, and discharge planning.

The hospital is located in Orofino, a small rural community that lies along the Clearwater River in north-central Idaho. The hospital campus is wooded and surrounded by the natural beauty of the area, which provides a therapeutic environment for patients.

Inpatient Psychiatric Services

	SFY 00	SFY 01	SFY 02	SFY 03
Utilization Based on Census Days				
Average Daily Census	46	46	47	47
Daily Occupancy Rate	76.7%	76.7%	94%	94%
Hospital Volume of Service				
Number of Admissions	288	263	241	239
Number of Census Days	16,840	16,888	17,468	17,152
Readmission Rates	29.9%	37.6%	37%	39%
Cost Per Patient Day	\$358	\$344	\$358	\$326

NOTE: Prior to SFY 2002, daily occupancy rate percentages included unused beds that could not be utilized safely for patients with serious mental illness. Census days are all days the hospital is responsible for each patient's care. The SFY 2003 budget for State Hospital North was \$5.8 million, which includes \$3.7 million in State general funds.

Developmental Disabilities Services

This program manages and delivers services for people with developmental disabilities ranging in age from infants to senior citizens. Through partnerships with community members, the program makes service choices available for consumers and their families so they can strive for self-direction and fully participate in their communities. For adults, services in SFY 2003 included:

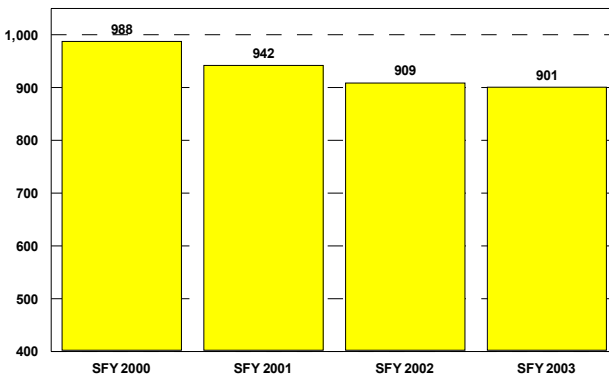
- Referral;
- Eligibility Determination;
- Service Authorization; and
- Provider Enrollment, Training and Quality Assurance.

Regional offices contract with private agencies to provide therapeutic services, housing supports, employment, personal assistance, skill training and service coordination.

Family Supports

Financial assistance is available through Family Support and In-Home Assistance to help families maintain children and adults in their homes instead of an institutional setting. In addition, respite care, special equipment and supplies, and other specialized services are available to qualified families through the Idaho Infant Toddler Program and the Early and Periodic Screening, Diagnosis and Treatment Program. Developmental Disabilities Family Supports funding may be used only after other sources are exhausted.

Family Support Cases



Idaho Infant Toddler Program

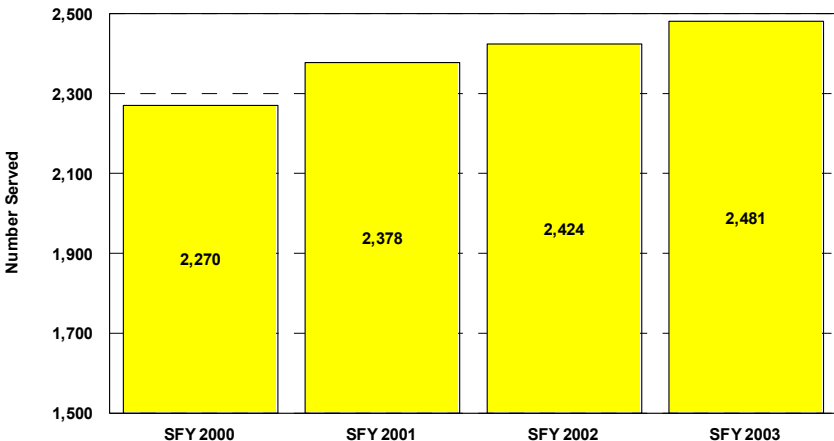
The Idaho Infant Toddler Program coordinates early intervention services for families and children with special needs from birth to three years of age. The program partners with agencies, private contract providers, and families to plan comprehensive and effective services to enhance each child's developmental potential. The five most frequently provided services include:

- Developmental Therapy (special instruction);
- Speech/Language Therapy;
- Occupational Therapy;
- Physical Therapy; and
- Respite Care.

Services are delivered according to an Individualized Family Service Plan. Every effort is made to provide services in the context of the family's normal routines. More than 80 percent of services are delivered in the child's home. Prior to a child turning three and "aging out" of the Infant Toddler Program, transition plans are coordinated with local schools and other community resources to ensure the child continues to receive needed supports.

The increase of enrolled children over the last four years is due to a growing population and increased public awareness of benefits and savings of early intervention for children with developmental delays or disabilities.

Individuals Served in the Infant Toddler Program Served



Service Coordination for Children From Birth to 21 Years of Age

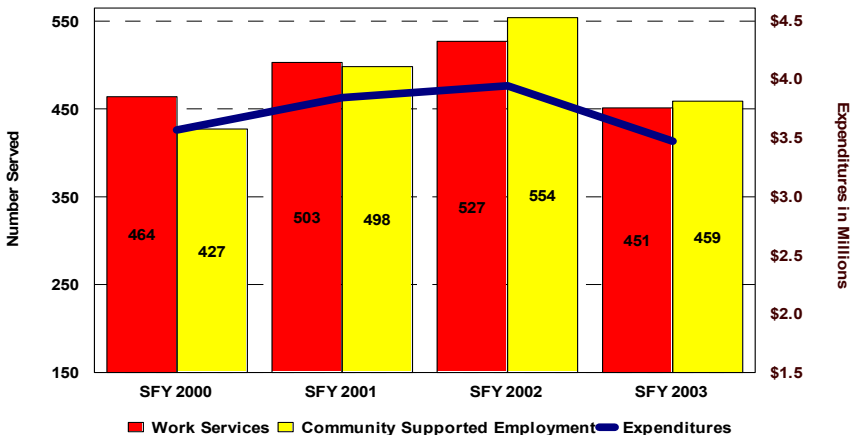
Service coordination is available to Medicaid-eligible children with developmental delays or disabilities, special health care needs, and severe emotional or behavioral disorders who require the assistance of a service coordinator to help them obtain and coordinate services and supports. One-hundred-five private service coordination agencies served 3,373 children in SFY 2003, up 35 percent from 2,502 children in SFY 2002. This increase is largely due to improving diagnosis and early identification of developmental and mental health conditions, along with private providers expanding services to include children.

Employment Services

Work skills training is available for adults with developmental disabilities through Work Services or Community Supported Employment. The Department of Education's Division of Vocational Rehabilitation evaluates work skills and abilities of workers and makes referrals to the Developmental Disabilities Program for long-term support.

Two types of long-term employment support are available for adults with a developmental disability. Work Services offers opportunities for people to learn work skills in a sheltered environment. Community Supported Employment provides job coaching to individuals while they are employed in community settings. Thirty-eight private employment service providers deliver services jointly funded through State general fund dollars and social service block grant monies. A decrease in State funding in 2003 limited the number of adults who received services.

DD Employment Services



Home- and Community-Based Services (HCBS) Waivers

Adults eligible for an institutional level of care may choose to receive services in their own communities through the Home- and Community-Based Waiver Services program. This Medicaid-funded program provides an alternative to institutional care and allows waiver participants to live in the homes of care providers or receive supportive services in their own homes. The cost must be equal to or less than institutional care.

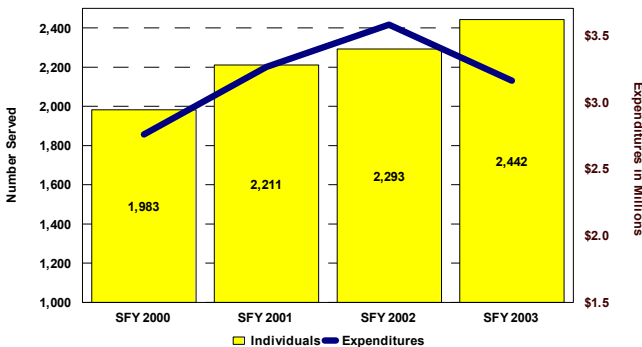
Ninety-two private Residential Habilitation agencies provide oversight, quality assurance and training to 1,426 individual or independent direct service providers.

The Department is seeing growth in waiver-supported employment services because of limited funding through State general funds and federal block grant money. As an example, 114 waiver participants used Community Supported Employment in 2003, one of 13 community services available through the waiver, up from 86 participants in 2002.

Targeted Service Coordination for Adults With Developmental Disabilities Age 18 and Older

Targeted Service Coordination (TSC) is a service coordination program that assists adults to obtain and coordinate health, educational, vocational, residential, and social services to allow them to live as independently as possible in their own communities. TSC was used by 2,442 adults with developmental disabilities through 84 private agencies throughout the state. Payment for the service was reduced \$400,000 for SFY 2003 as a result of a cut in the Medicaid reimbursement rate.

Targeted Service Coordination Individuals with Developmental Disabilities Served and Expenditures

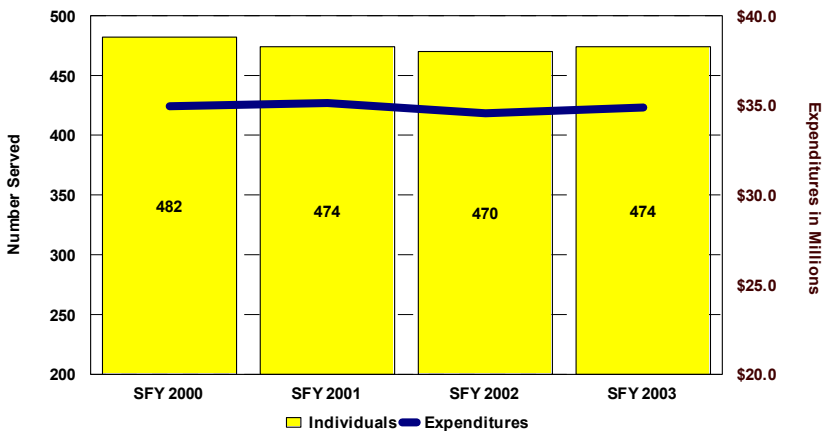


Note: Individuals receiving services through the HCBS-DD waiver are required to take part in TSC case management and account for approximately one-half of all individuals receiving this service.

Intermediate Care Facilities for People with Mental Retardation

In addition to HCBS Community-Based Waiver services, another alternative for adults eligible for an institutional level of care is to reside in an Intermediate Care Facility for People with Mental Retardation (ICF/MR). These facilities offer comprehensive services to meet individual needs of people who require active treatment. Sixty-five private facilities, ranging in size from four to 15 beds, were home for 474 people statewide in SFY 2003. The number of ICF/MR beds available for care was frozen in the 2000 legislative session, stabilizing enrollment and expenditures.

Private ICF/MR-Individuals Served and Annual Expenditures



Developmental Disabilities Agencies

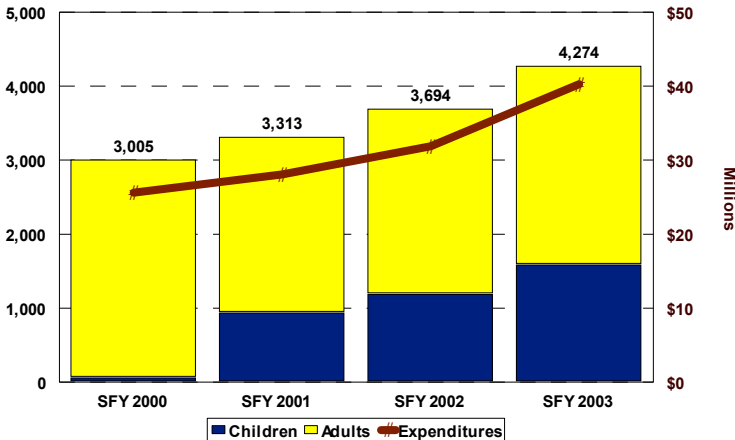
Individuals with developmental disabilities may elect to receive services from private developmental disability agencies to gain needed skills and live more independently in their communities. Services may occur in an individual's home, community or in an agency facility. There were 87 licensed agencies providing services in Idaho in SFY 2003.

Since 1998, the number of individuals served by private agencies has grown 173 percent, from 2,463 people to 4,274. In the last few years, children began comprising an increasing proportion of the caseload as more agencies began providing services for children. Out of the 4,274 people served in SFY 2003, 1,585 were children.

Expenditures also have risen over the last six years, from \$17.4 million in 1998 to \$40.3 million in 2003, a 231 percent increase. To manage this growth, the 2003 Legislature approved Medicaid's managed care system for people with developmental disabilities. This program, which is being

implemented, will prior-authorize some Medicaid services for adults with developmental disabilities. Previously, the developmental disability agencies would both authorize and provide services to participants. Children's services are not administered through this program.

Individuals Served Through Private DD Agencies and Expenditures



Idaho State School and Hospital

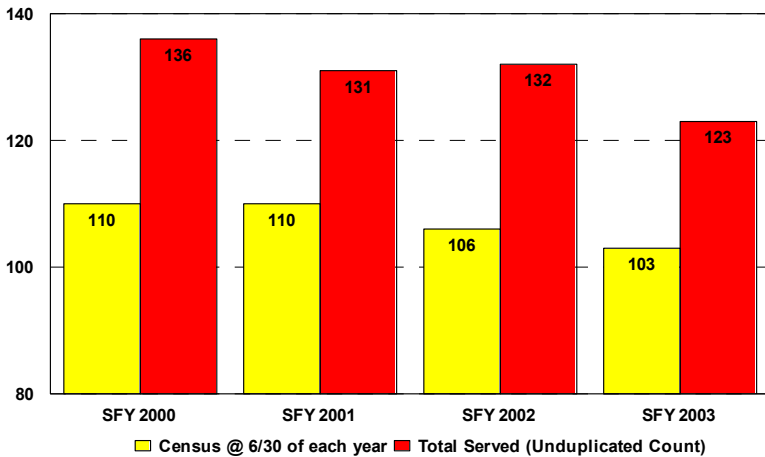
Barbara Hancock, Administrator, 466-9255

As part of the statewide developmental disabilities service delivery system, Idaho State School and Hospital (ISSH) is a specialized provider of services for the most severely impaired individuals with developmental disabilities. ISSH expenditures for SFY 2003 were \$20.8 million, including \$4.2 million in State general funds.

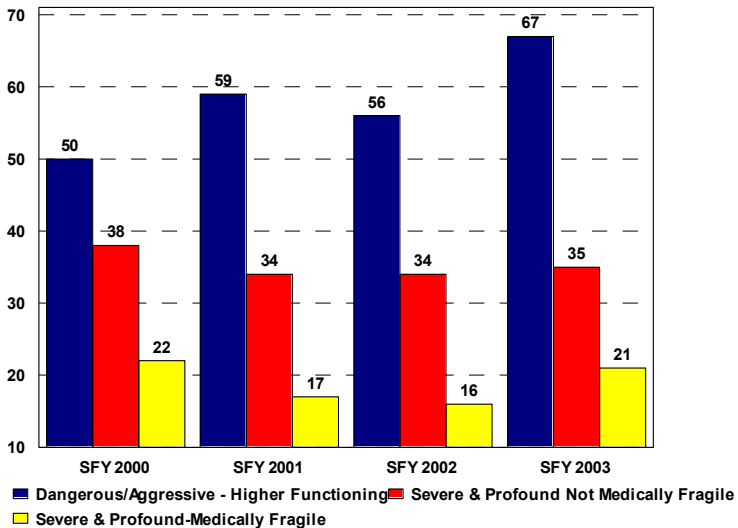
An Intermediate Care Facility for People with Mental Retardation (ICF/MR), ISSH uses a variety of training methods to teach clients skills they need for more independent living. It provides a "safety net" for clients who have no other placement options. Community service improvements have resulted in only the most severe clients being admitted, and a gradual but steady decline in the number of individuals needing institution-based care.

ISSH serves people who have no other placement options due to severe behavior or medical issues. Client demographics have changed dramatically in the last few years. The population continues to transition toward more clients categorized as dangerous and aggressive. In 1997, clients so categorized accounted for 21 percent of the population. In 2003, the percentage grew to 55 percent.

Historical Look at Census and Clients Served

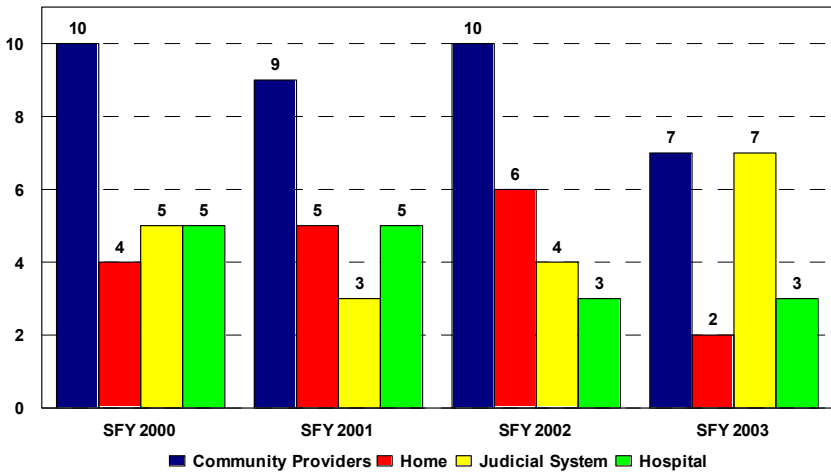


Client Demographics



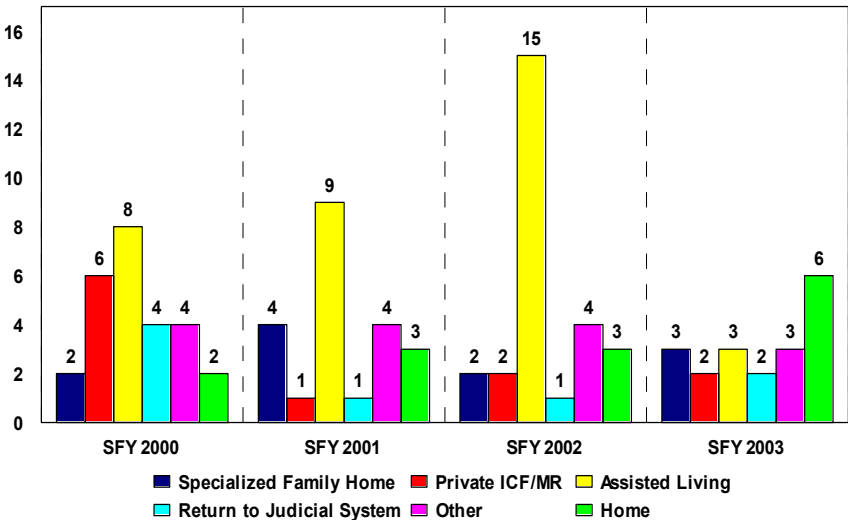
Clients come to ISSH from a variety of sources. Many admissions are from community providers who cannot manage client behavior, with many others referred by the judicial system. Clients frequently are in crisis and need intensive treatment and behavior management. In 2003, 73 percent of admissions were clients who could not be successful in community settings or who were referred to ISSH by the judicial system.

Types of Admissions



ISSH actively pursues the most appropriate placement opportunities for clients ready to leave the facility. An increase in availability of community options has resulted in increasing discharges to community-based services such as supported living. Through actively working to promote and develop community services, ISSH is experiencing an increasing ability to return clients to their own home.

Discharge Placements



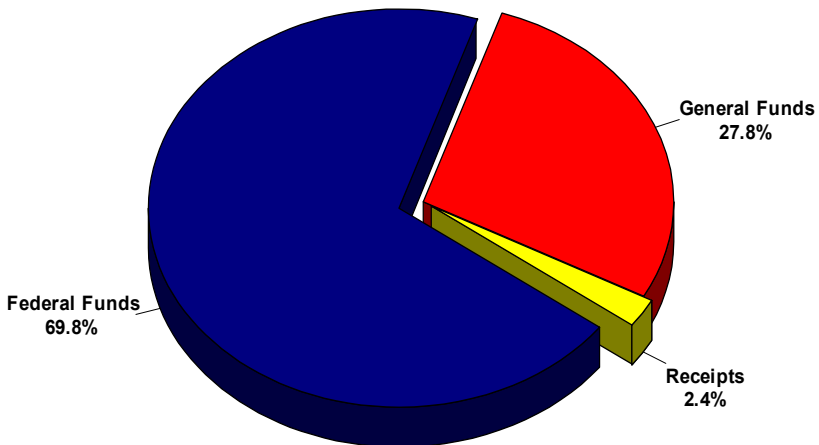
Division of Welfare

Greg Kunz, Acting Administrator, Phone 334-0687

The Division of Welfare administers Self-Reliance programs serving low-income individuals and families. Self-Reliance staff review needs of families in crisis situations to assist them in becoming self-reliant. To ensure success, the Division created integrated health care, child support, cash support and employment training processes.

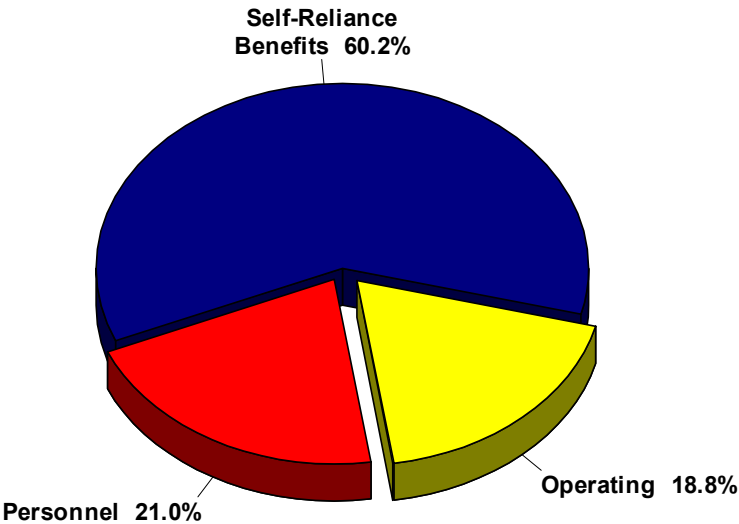
The Division manages programs providing necessary aid to families such as child support collections, Food Stamps, child care, Medicaid and cash assistance while requiring participants to strive for employment and self-reliance. Other programs include food commodities, energy assistance, telephone assistance, weatherization assistance and other services funded through the Community Services Block Grant Program.

Welfare SFY 2004 Funding Sources

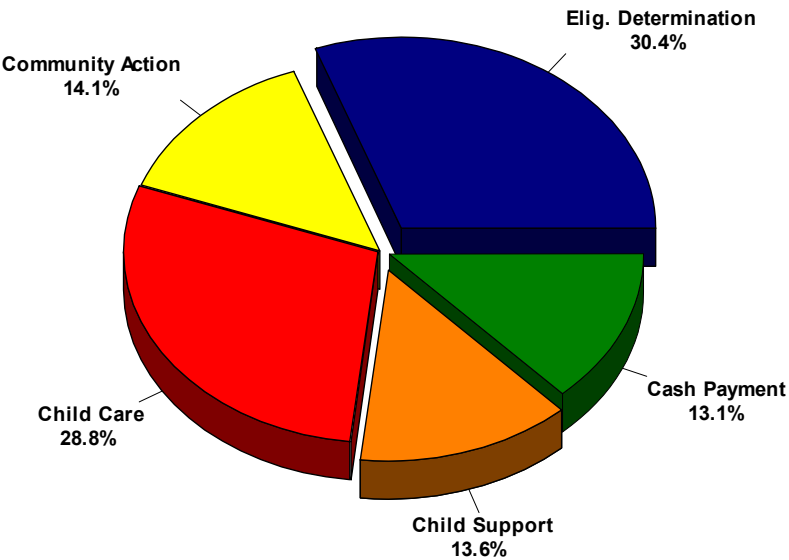


Authorized FTP: 545. Original Appropriation for 2004: General Fund: \$32 million; Total Funds: \$117 million; 9.1 % of Health and Welfare funding.

Welfare SFY 2004 Expenditure Categories



Welfare Spending by Program



Welfare 2003: Dealing with Record Caseloads

The recent nationwide economic struggles have had a profound impact on our state's people and services. High unemployment rates, statewide corporate layoffs, and diminishing job opportunities have jeopardized the stability of many individuals and families.

The Division of Welfare faces record caseloads in Food Stamps, while the Medicaid Program experiences significant increases in the number of Idaho citizen's requiring help. These increased numbers are straining the Department's eligibility determination processes.

The Food Stamp Program's record numbers follow two years of budget cuts that have reduced the number of Self-Reliance staff available to process applications. We experience a widening gap between the number of individuals needing help and the amount of resources available to provide services. This has resulted in some negative impacts on the Division's performance, the most serious in the Food Stamp error rate.

This error rate grew from nine percent in 2002 to a high of 11.5 percent last May. To combat this growing concern, we implemented a review process to improve accuracy of eligibility determination for Food Stamp applicants that will be used to design system-wide solutions. The Division's goal is to improve Idaho's error rate on Federal Performance Reports and increase overall accuracy for all Self-Reliance eligibility determination programs.

The Division also is focusing on business improvement plans to improve customer service, streamline work processes, promote statewide consistency, and enhance transition to the Any Door Initiative. Nursing Home cases in Benefits as well as the Locate and License Suspension components in Child Support are being consolidated in Lewiston to improve application processing time, case management and service delivery.

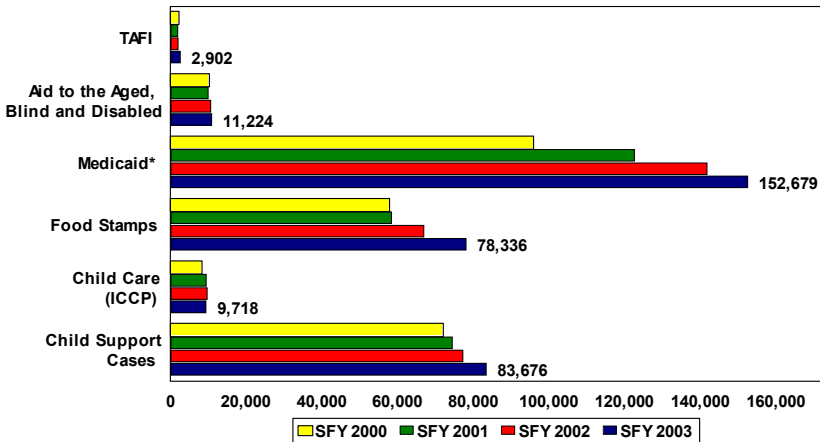
The Division is committed to finding statewide processes and procedures to provide opportunities for all Idahoans to become more self-reliant. Recently, we were recognized for excellence in helping families who receive cash assistance increase their self-reliance through employment activities. In 2002, Idaho ranked number one in the nation for Success in Workplace measures and received \$2.3 million in high performance bonus awards from the U.S. Department of Health and Human Services.

The Division of Welfare is committed to promoting stable, healthy families across all programs by developing best practices and adopting social and public policy that will align with our goals to strengthen individuals, families, and communities.

Self-Reliance Programs

Self-Reliance Programs are administered by the Division of Welfare and depend on local area staff to provide direct contact and service to the public. Local staff determine eligibility in all assistance programs, including Temporary Assistance for Families in Idaho; Aid to the Aged, Blind and Disabled; Medicaid; Food Stamps, and the Idaho Child Care Program. They also administer the Child Support Program.

Average Monthly Individuals Served



Note: All counts are individuals except Child Support, which is a case count. Program totals should not be added together because many participants receive services from more than one program. In SFY 2003, 179,901 people received benefits, excluding Child Support cases. This is up from 165,580 people in SFY 2002.

**Of the 152,679 monthly average Medicaid individuals, more than 105,000 were children under age 19. Of these, 11,361 were enrolled in the Children's Health Insurance Program (CHIP). CHIP receives separate federal funding at a higher federal match rate under Title XXI of the Social Security Act, but is operated by the Title XIX Medicaid program. Services for children in Title XIX and XXI are the same.*

Self-Reliance: Eligibility

Self-Reliance Specialists determine eligibility in the following programs:

Cash Assistance

- Temporary Assistance for Families in Idaho (TAFI); and
- Aid to the Aged, Blind and Disabled (AABD).

Medical Assistance Eligibility (Medicaid)

- Children's Health Insurance Program (CHIP);
- Medical programs serving low-income families, pregnant women and children;
- Disability-based medical programs, including eligibility for nursing and home care; and
- Other medical assistance for non-cash participants in programs such as foster care, Aid to Aged and Blind, Qualified Medicare Beneficiaries, etc.

Food Assistance

- Food Stamp Program.

Child Care Assistance

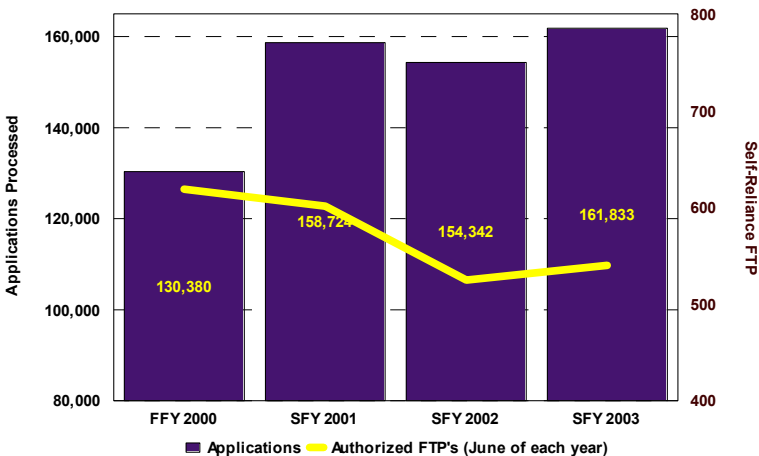
- Idaho Child Care Program (ICCP).

Applications

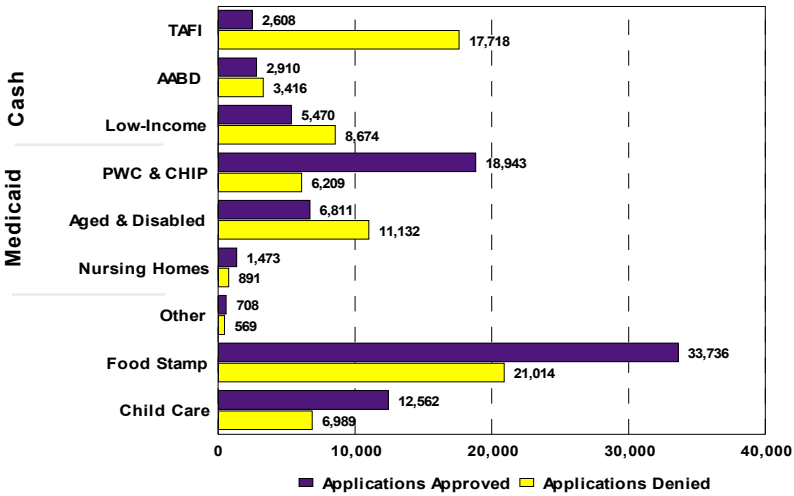
Applicants seeking assistance must meet income and other eligibility criteria. Self-Reliance offices throughout the state process applications and determine if the individual or household is eligible to receive benefits.

In the past six fiscal years, applications processed increased by 65,000 cases, or 68 percent. In this same period, the number of staff determining eligibility declined 14 percent, resulting in fewer employees handling dramatically increasing caseloads.

Total Annual Applications Processed and Authorized Regional Self-Reliance Program FTP



FY 2003 Applications Approved and Denied



NOTE: From 2002 to 2003, the greatest percentage increase in applications was in TAFI, a cash assistance program for families. Applications increased 28 percent in 2003.

People Receiving Assistance by Region

On the last day of the 2003 fiscal year, 179,901 people were receiving assistance in the form of cash, Medicaid, Food Stamps or child care services. This compares to 165,580 people a year earlier. Except for child care, every program in every region saw an increase in participants.

The increasing need for human services can be seen in all areas of the state. For cash assistance, Region 3 experienced a 20 percent increase in the number of people served in 2003. For people receiving medical assistance, Region 6 saw an 11 percent increase in the number of people enrolled in Medicaid, while Region 2 participants in Food Stamps increased 18 percent. Families seeking cash assistance and people receiving Food Stamps experienced the largest percentage increases.

Child care services were the exception. On June 30, 2003, there were 8,600 working families accessing subsidized child care services, compared to 9,898 a year earlier. Part of the reason is the economy. Just as the declining economy fueled demand for assistance programs, it may have had an opposite effect on child care. As the economy declined, many families began experiencing economic hardships and some experienced job layoffs. Child care services are for working families. With fewer jobs available and higher unemployment, some families who experienced job layoffs did not need child care.

Idaho Population, People Receiving Assistance, Percent of Regional Population Receiving Assistance as of June 30, 2003

Region	Estimated Population Payments	Receiving Cash Card	Receiving Medical Stamps	Receiving Food Services	Receiving Child Care	Total
Region 1	184,327 13.74%	2,527 1.37%	20,003 10.85%	11,924 6.47%	1,475 0.80%	24,675 13.39%
Region 2	99,799 7.44%	1,479 1.48%	17,448 17.78%	6,276 6.29%	461 0.46%	12,300 12.32%
Region 3	205,719 15.34%	3,091 1.50%	27,756 13.49%	18,447 8.97%	1,477 0.72%	36,021 17.51%
Region 4	363,761 27.12%	2,950 0.81%	29,023 7.98%	16,563 4.55%	1,991 0.55%	36,451 10.02%
Region 5	165,289 12.32%	1,469 0.89%	25,489 15.42%	8,687 5.26%	990 0.70%	22,657 13.71%
Region 6	155,150 11.57%	1,882 1.21%	14,574 9.39%	12,880 8.30%	1,112 0.72%	25,536 16.46%
Region 7	167,086 12.46%	1,317 0.79%	22,372 13.39%	9,289 5.56%	1,094 0.65%	22,261 13.32%
Total	1,341,131 100%	14,715 1.10%	156,965 11.70%	84,066 6.27%	8,600 0.64%	179,901 13.41%

NOTE: Estimated population percentage is of the state's total population. All other percentages for each category are the percentage of each region's population. Many participants receive services through more than one program; the total is an unduplicated count of these four Self-Reliance programs. If other Department services and programs are included, more than 335,000 Idahoans receive services from the Department. These can include services through child support, Division of Health programs such as the Women's Infants and Children's program, or services through Family and Community Services such as children's mental health or substance abuse treatment.

Self-Reliance: Benefit Programs

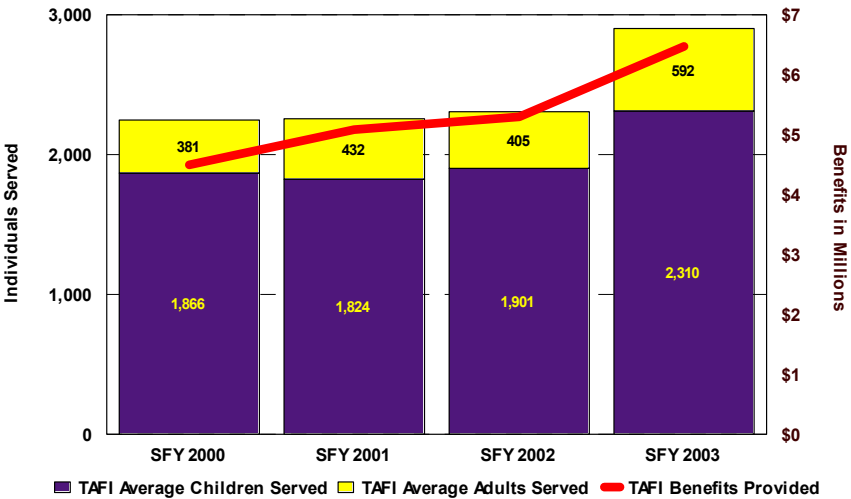
The Division of Welfare manages benefit payments in these programs:

Temporary Assistance for Families in Idaho (TAFI)

TAFI provides cash assistance to needy families with children. The Department partners with families, community programs, employers and other agencies to help participants get jobs and achieve self-reliance. There is a 24-month lifetime limit for adults to receive cash assistance.

Welfare Reform was initiated in Idaho in SFY 1998 with the TAFI program. TAFI replaced Aid to Families with Dependent Children (AFDC). To receive TAFI, most adult participants must seek education, training or employment opportunities. People leaving TAFI often continue in other programs such as Food Stamps, Medicaid and the Idaho Child Care Program.

TAFI Average Individuals Served and Total Annual Benefits Provided

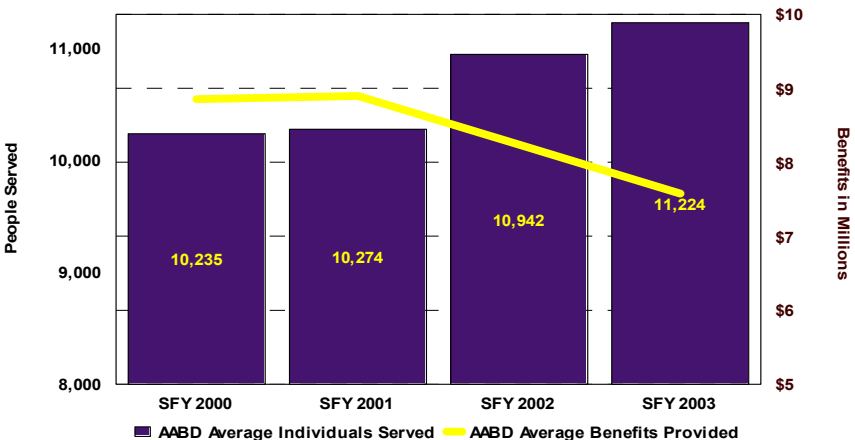


Aid to the Aged, Blind and Disabled (AABD)

AABD provides cash assistance to certain low-income participants who are blind, disabled or age 65 or older. In SFY 2003, a monthly average of 11,224 people received cash payments under this program.

The Division of Medicaid provides payments to providers of medical benefits for approximately 32,000 eligible participants who are aged, blind or disabled, including about 23,000 people who do not receive cash assistance. See the Division of Medicaid, page 25, for more information.

AABD Average Monthly Individuals Receiving Cash Payment and Total Annual Benefits Provided



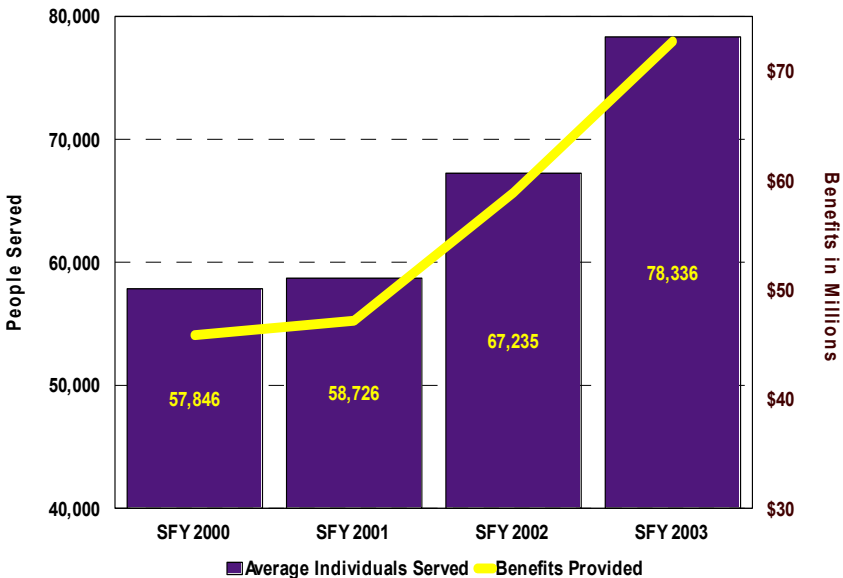
Food Stamp Program

The Food Stamp Program helps low-income families maintain good health and nutrition. It is a federally funded program managed by the State.

Demand for Food Stamps has increased dramatically over the last two years, setting records for the number of individuals served in 2003. Enrollment in Food Stamps usually peaks each year in the month of March, but in 2003, the number of participants did not peak until May. After a slight decline in enrollment over the summer, the demand for Food Stamps moved upwards again in the fall, with 85,302 people receiving assistance in September. The average monthly benefit is \$200 per family.

We believe these recent record numbers are the result of two years of a poor economy. People have exhausted their personal resources. If a family experiences a job layoff, there usually is a lag time between their job loss and application for assistance. Families generally use up personal resources before applying for public assistance. Even as the economy appears to be rebounding, families have depleted personal savings and are looking to their communities and the State and federal governments for help.

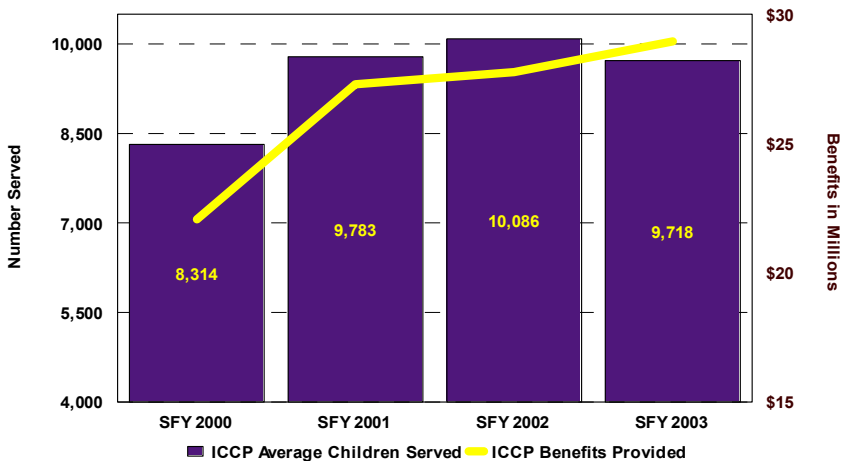
Food Stamp Average Monthly Individuals Served and Total Annual Benefits Provided



Idaho Child Care Program (ICCP)

ICCP subsidizes child care costs for low-income families while parents work or attend educational or training programs. ICCP helps families become self-reliant and gainfully employed.

ICCP Average Monthly Children Served and Total Annual Benefits Provided



Note: Rapid growth of the ICCP program since its inception in 1997 is due to Welfare Reform's emphasis on giving parents supports to enter the workforce and move away from cash assistance. We believe ICCP enrollment declined in SFY 2003 due to a weak economy resulting in fewer employment opportunities for program participants.

Benefit Delivery

Benefit delivery in the Self-Reliance Program has undergone significant change in recent years. Beginning in 1998, the Electronic Benefit Transfer System was implemented statewide to increase efficiency and reduce cost of benefit payments for Self-Reliance Programs. Payments for Child Support, Food Stamps, Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind and Disabled are made electronically. More information is available on page 105.

Self-Reliance: Employment-Related Services

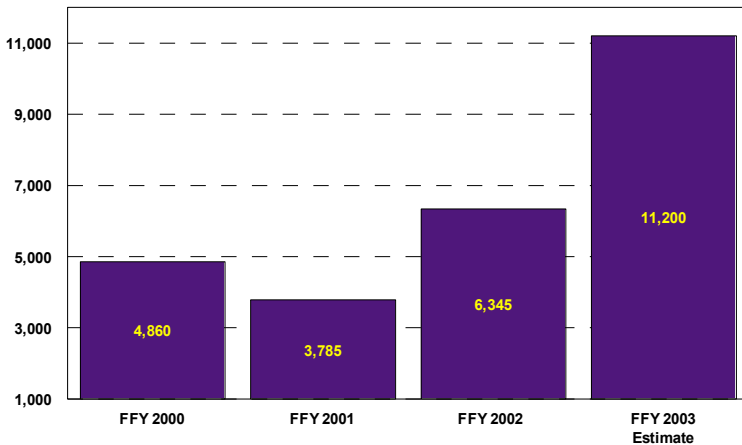
The Department provides employment-related services to qualified individuals. Adult participants in the TAFI Program and certain adults in the Food Stamp Program are required to take part in these employment services to receive benefits. The Department contracts with agencies and vendors to help families search for, gain and keep employment.

Employment-related services reach beyond job search activities and include training and counseling. In some cases, participants can receive products or services, such as clothing or car repairs to help them find and keep jobs.

Job Search Assistance Program (JSAP)

The Food Stamp Program includes the Job Search and Assistance Program (JSAP) which was expanded throughout the state in 1998. The goal is to provide Food Stamp recipients with employment tools to become self-reliant. JSAP can help in job search and referrals, unpaid work-experience opportunities, job skills training and education. Record Food Stamp caseloads are resulting in dramatic growth of JSAP services.

Food Stamp Participants Receiving JSAP Services



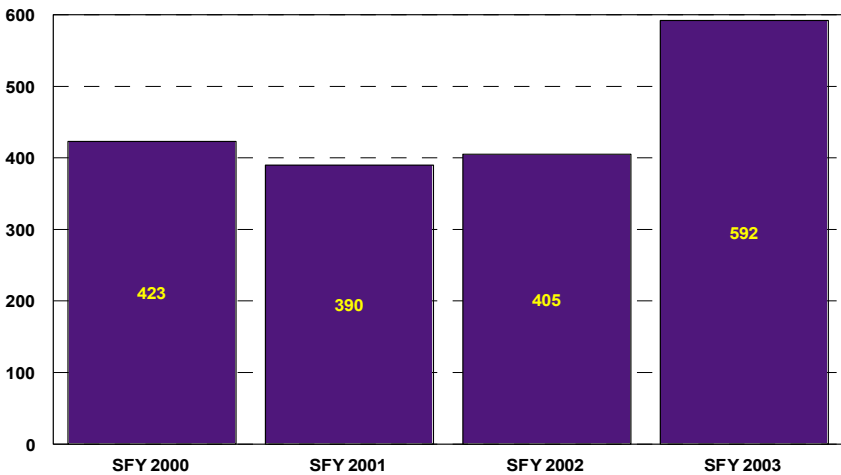
TAFI Work Program

Adult participants who receive aid through TAFI are required to participate in work preparation activities so they can become financially independent. Approximately 65 percent of TAFI cases do not have work participation requirements because they are "child only" cases. In these cases, adults do not receive benefits. All school-aged children receiving benefits are required to attend school.

Career Enhancement Services

TAFI participants, people at risk of needing program services, and non-custodial parents responsible for providing child support receive training, guidance and other services intended to increase their self-reliance.

TAFI Average Monthly Adult Work Program Participants



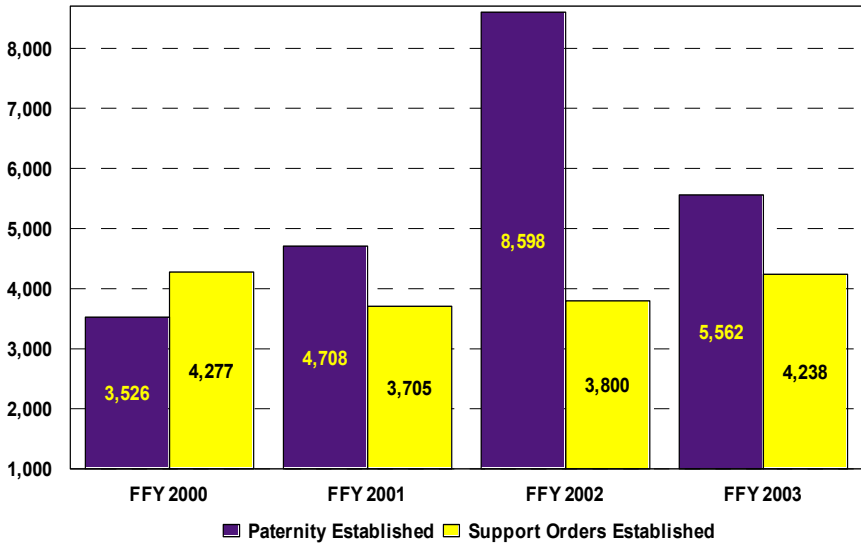
Self-Reliance: Child Support Services

The Child Support Program promotes physical and economic health of families by ensuring parents are financially responsible for their children. The program helps locate non-custodial (absent) parents and enforces their obligations to provide financial and medical support for their children.

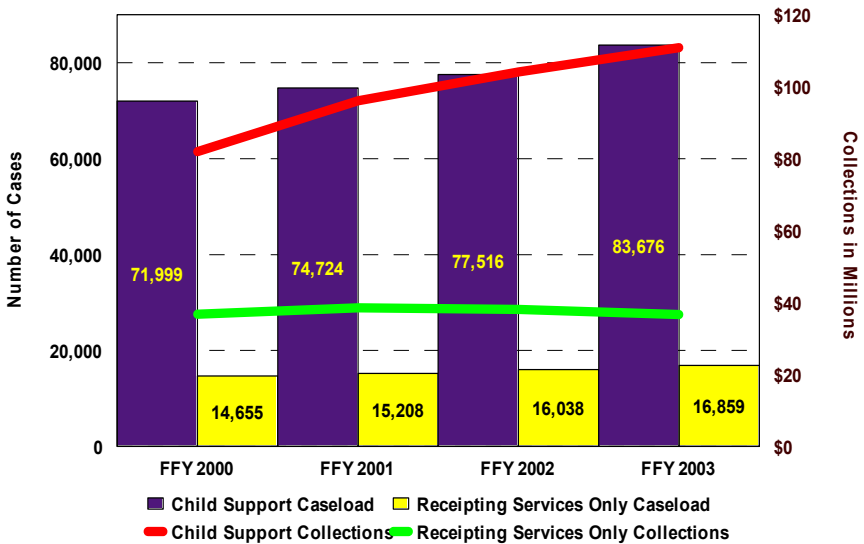
In SFY 2003, Child Support Services administered a monthly average of 83,676 non-county child support cases, collecting and distributing more than \$110.9 million. Services include establishing paternity, locating non-custodial parents, establishing court orders for child support, and collecting and distributing child support payments through the Electronic Payment System.

In 1999, the federal government determined all child support cases should be administered by a single agency in each state. Health and Welfare was chosen by the State Legislature to assume this responsibility. The Department had handled most child support cases in the state and now has assumed collection and distribution of more than 16,000 additional child support cases that previously were administered by county courts. The Department refers to these county cases as Receipting Services Only. In SFY 2003, the Department processed \$36.7 million in child support for these county cases. Counting these cases, the Department of Health and Welfare administered more than 102,000 child support cases and collected \$147.6 million during SFY 2003.

Paternity and Support Orders Established



Child Support Caseload and Dollars Collected



Child Support Enforcement Methods

Child Support Services uses a variety of methods to enforce child support orders. The primary tool for enforcing payments is Wage Withholding. Other tools include New Hire Reporting through Electronic Data Matching, License Suspension and direct collection methods.

■ Wage Withholding

The primary method for the State to collect child support from non-custodial parents not voluntarily making their child support payments is wage withholding. Growth in collections by wage withholding is due, in part, to improved accuracy and ease of paternity tests and implementation of the new hire reporting system.

■ New Hire Reporting-Electronic Data Matching

The Department electronically matches parents responsible for paying child support with those taking new jobs according to files from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who change jobs or begin a new job. The Department matched an average of 1,369 persons per month in SFY 2003.

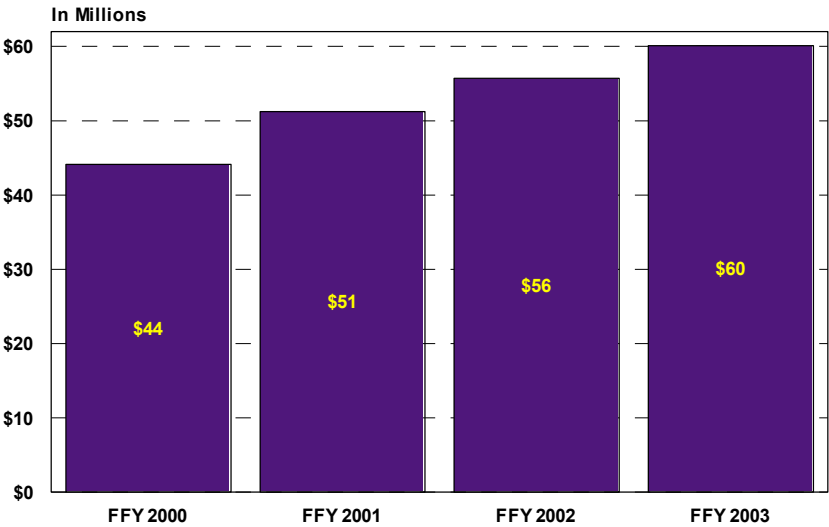
■ License Suspension

Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include drivers' licenses, fishing and hunting licenses and professional licenses. About half of all people with current obligations who have been notified their licenses were about to be suspended are now meeting their payment obligations. As a result of the license suspension process, payments have been collected for many families. There were 1,001 licenses suspended during SFY 2003.

■ Collections

When appropriate, the State can collect past due child support payments directly from several sources including federal and state income tax refunds, lottery winnings, public employee retirement system benefits, unemployment benefits, bank accounts through Financial Institutions Data Matching, and worker's compensation payments.

Child Support Collected Through Wage Withholding



Note: Wage withholding has become one of the most effective collection tools of the Child Support Program, becoming more efficient with expanded use of data matching for both in-state and out-of-state parents. In 1997, wage withholding was responsible for 32% of all non-RSO collections. In 2003, it accounted for 54% of non-RSO collections.

Child Support Service Fees

The Child Support program provides services for parents needing assistance in making sure both parents meet their responsibilities for the health and welfare of their children. The following fees are charged for specific services in child support cases:

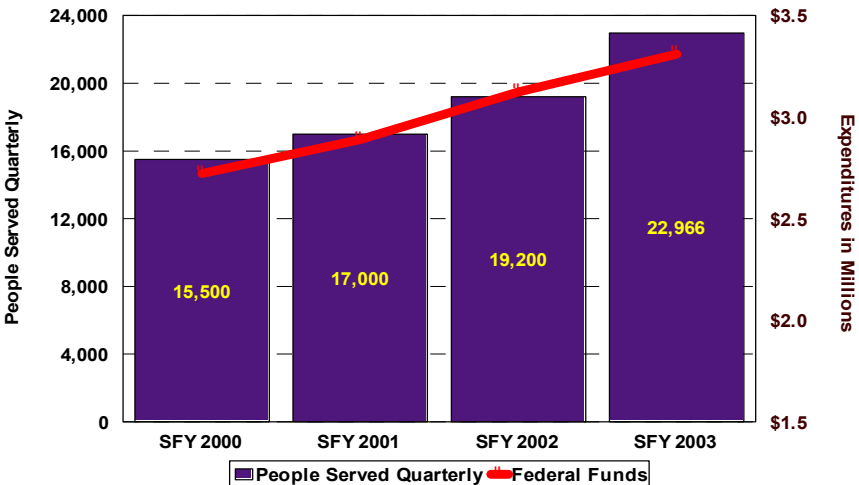
Child Support Service Application Fee	\$ 25
Establishing Paternity or a Child Support Order:	
If parents stipulate	\$360
If case goes to trial	\$475
Modification of an Existing Order	\$360
Income Tax Refund-Attachment-State	\$ 25
Income Tax Refund-Attachment-Federal	\$ 25

Self-Reliance: Community Services

The Division of Welfare administers federal grant programs to improve living conditions for low-income households and encourage self-reliance. The following programs are available to qualifying communities and residents.

Community Services Block Grant

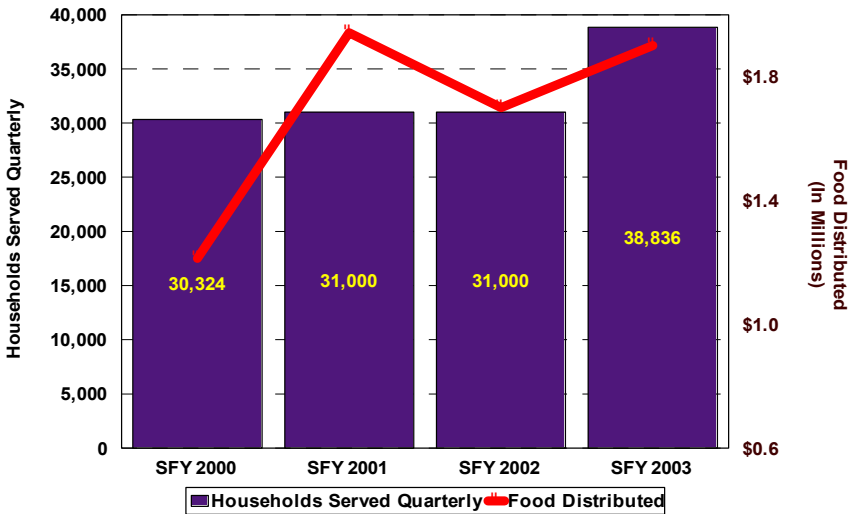
The Community Services Block Grant is intended to revitalize low-income communities, help eliminate causes of poverty and enable families and individuals to become self-reliant. Services are delivered through Idaho's Community Action Agencies and the Idaho Migrant Council, which provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter and transportation assistance. The program spent more than \$3.3 million, serving approximately 91,865 people, or 22,966 per quarter, during SFY 2003.



The Emergency Food Assistance Program (TEFAP)

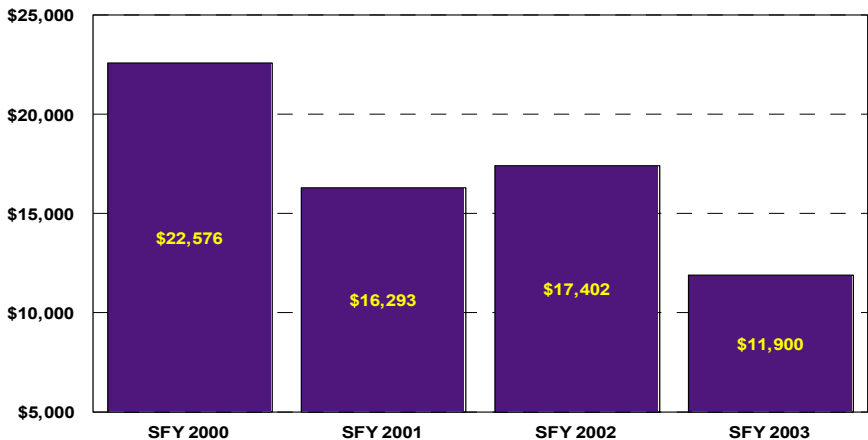
The Emergency Food Assistance Program helps supplement diets of Idaho's low-income people. The U.S. Department of Agriculture purchases surplus food commodities from American food producers and distributes them to the states. In Idaho, Community Action Agencies distribute commodities through their warehouses to local food banks and soup kitchens. In SFY 2003, the Emergency Food Program provided 155,345 families with 1,200 tons of food valued at \$1.9 million. TEFAP's administrative budget is 98 percent federally funded and totaled \$267,000 in SFY 2003. Commodities are purchased entirely by USDA.

The Emergency Food Assistance Program



Community Food and Nutrition Program

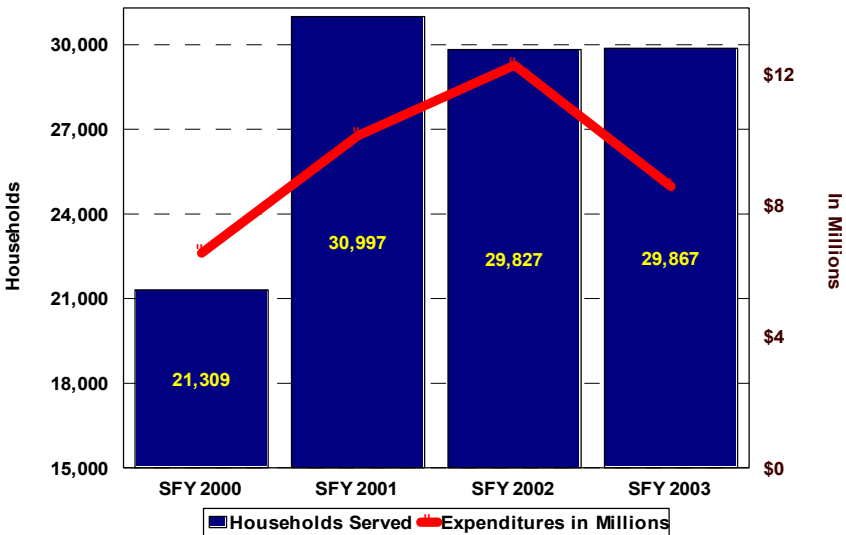
The purpose of the Community Food and Nutrition Program is to improve access to nutrition for low-income people. Supported by these funds, Community Action Agencies distribute information about availability of food resources and help coordinate private and public food assistance programs to maximize their effectiveness. Funded by the U.S. Department of Health and Human Services, Idaho's Community Food and Nutrition Program spent \$11,900 for SFY 2003.



Low-Income Home Energy Assistance Program

The Low-Income Home Energy Assistance Program pays a portion of low-income household heating bills and provides energy conservation education through Community Action Agencies. Payment is made to heating suppliers and vendors. A federal grant from the U.S. Department of Health and Human Services funded the program with approximately \$8.6 million in SFY 2003, down 30 percent from 2002 funding. The program served 29,867 households last year.

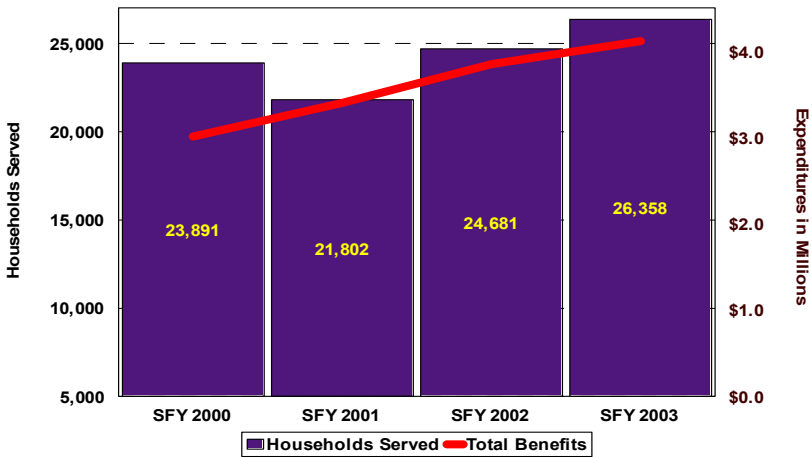
Low-Income Home Energy Assistance Program (Federal Expenditures)



Telephone Service Assistance Program

The Idaho Telephone Service Assistance Program assists low-income households by paying a portion of their expense for telephone installation and/or monthly service fees. Benefits are funded by 19 telephone companies through fees included in the monthly invoices of Idaho telephone service customers. During SFY 2003, 26,358 households received \$4.1 million in benefits, with an average benefit of \$13 per month.

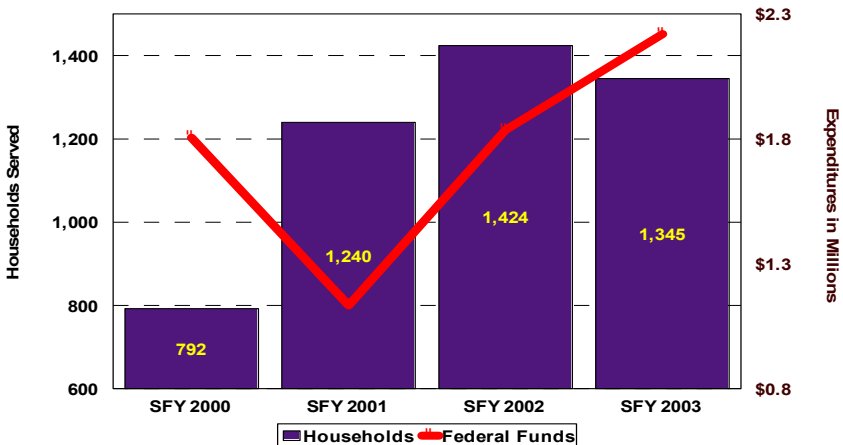
Telephone Service Assistance Program



Weatherization Assistance Program

The Weatherization Assistance Program funds the installation of energy conservation measures for low-income people through Community Action Agencies and other non-profit organizations. Priority is given to the elderly, disabled and families with young children. The Program is supported by U.S. Department of Energy, U.S. Department of Health and Human Services, Bonneville Power Administration, and the Petroleum Violation Escrow fund. The Weatherization Assistance Program served 1,345 households in SFY 2003, spending \$2.2 million.

Weatherization Assistance Program (Federal Expenditures)



Division of Health

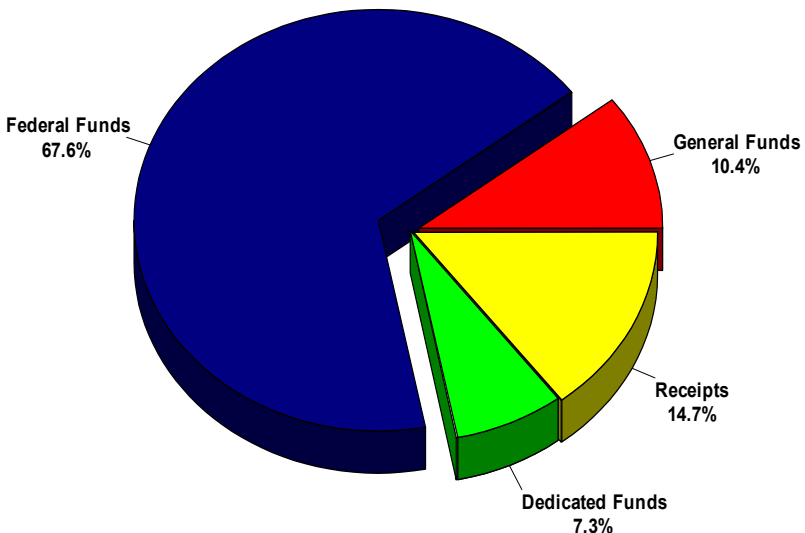
Richard Schultz, Administrator, 334-5945

The Division of Health provides an array of services ranging from immunizations to food safety, and emergency medical services to testing for communicable diseases. The Division's programs and services actively promote healthy lifestyles, while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens.

The Division contracts with Public Health Districts to provide many services throughout the state. Immunizations, epidemiology, prevention of sexually transmitted diseases, food protection and oral health are examples of programs coordinated between State and Public Health Districts.

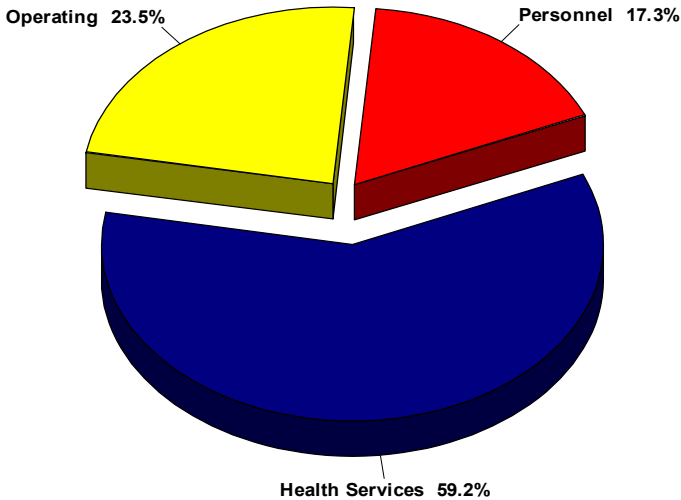
The Division includes the Bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services, Health Policy and Vital Statistics, Epidemiology and Food Protection, and Laboratories.

Health SFY 2004 Funding Sources

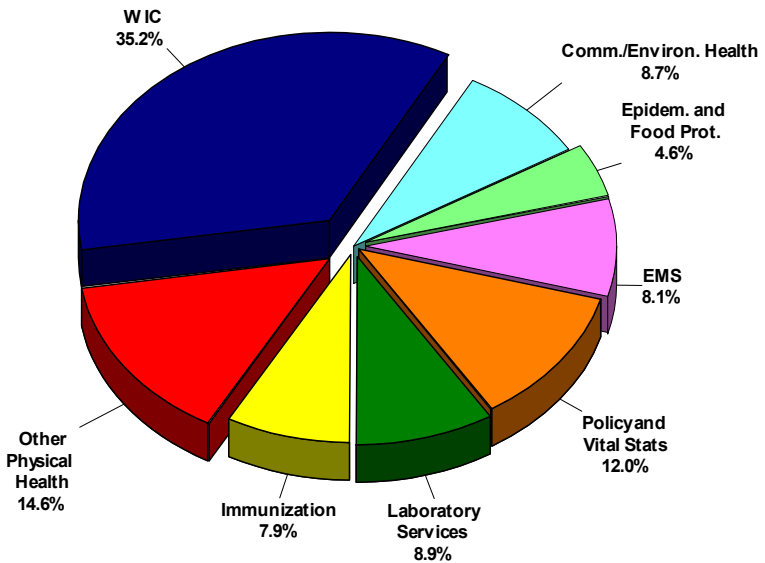


SFY 2004 Authorized FTP: 204; General Fund Appropriation: \$6.6 million; Total Funds: \$63.8 million; 4.9% of Health and Welfare funding.

Health SFY 2004 Expenditure Categories



Health Spending



2003: Increasing Capacity in a Changing World

The Division of Health took a leadership role in the State's bioterrorism preparedness efforts in 2003. The Division administers federal grants from the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration to increase the State's capacity to respond to a bioterrorist event. This strengthened the working partnerships between division staff, Public Health Districts, hospitals, medical providers and law enforcement.

As part of the bioterrorism effort, the central laboratory in Boise was upgraded to improve testing capability. Increasing lab capacity and sophistication required additional staff. Branch laboratories in Coeur d'Alene and Pocatello were closed in October, with four staff transferring to Boise. Federal grant money also funded improvements to the Health Alert Network, the State's electronic communication system with physicians and other healthcare providers.

The Division was the lead agency in the smallpox vaccination program. A mass vaccination plan for the state was developed, with approximately 200 healthcare professionals across the state immunized for smallpox. These workers will inoculate the general public in the event of an outbreak.

The Office of Epidemiology and Food Protection has been working with District Health Departments and the Idaho Departments of Agriculture and Fish and Game to test for West Nile virus. Ninety-one people, 71 birds, 27 horses and approximately 25,000 mosquitoes were tested over the summer and early fall. One person who handled infected alligators imported with the disease at an exotic farm tested positive in October. Surveillance will continue in the spring.

Idaho Emergency Medical Services manages the Idaho State Communications or "State Comm." It will initiate broadcasts for Amber Alerts to state media outlets when a child has been kidnapped and is in danger. Idaho EMS worked with the Bureau of Disaster Services, State Police and the Idaho Transportation Department to implement the service.

The Division of Health helped develop a statewide suicide prevention plan. Staff held hearings throughout the state last fall to gather public input. The plan was developed so communities can implement their own prevention plans within a framework of best practices.

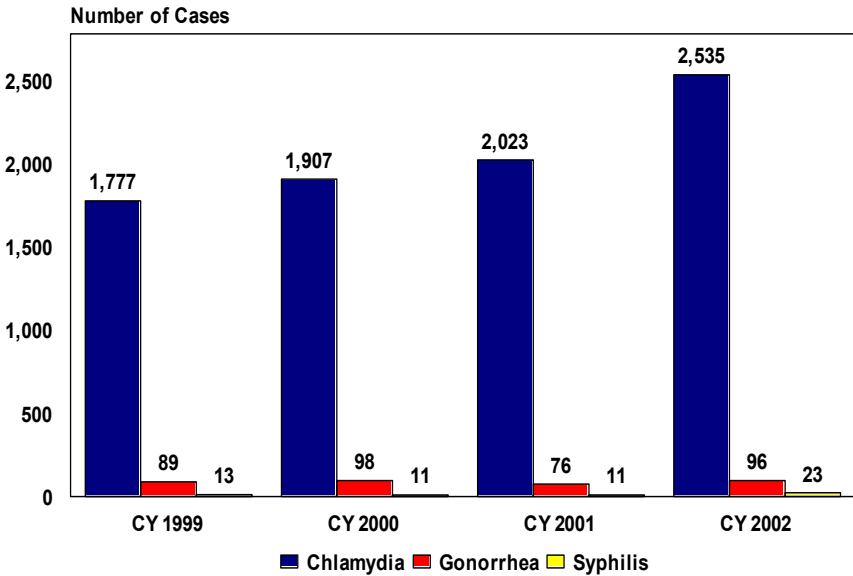
The Immunization Program continues its efforts to improve Idaho's Immunization rates for young children. At this time, 73.9 percent of Idaho children 19-35 months have the recommended immunizations, compared to a national average of 78.5 percent. The program is working to expand the number of hospitals and providers using the Immunization Reminder Information System (IRIS), a web-based system that generates reminder cards for parents when an immunization is missed.

Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with the Public Health Districts. The programs include the STD/AIDS Program; Immunization Program; Children's Special Health; Women, Infants, and Children (WIC); Reproductive Health; Worksite Safety; and Women's Health Check.

STD/AIDS Program Sexually Transmitted Diseases

Idaho operates a sexually transmitted disease (STD) and HIV/AIDS control and prevention project that provides services for people diagnosed with chlamydia, gonorrhea, syphilis, HIV and AIDS. These services include targeted prevention activities, testing and treatment.



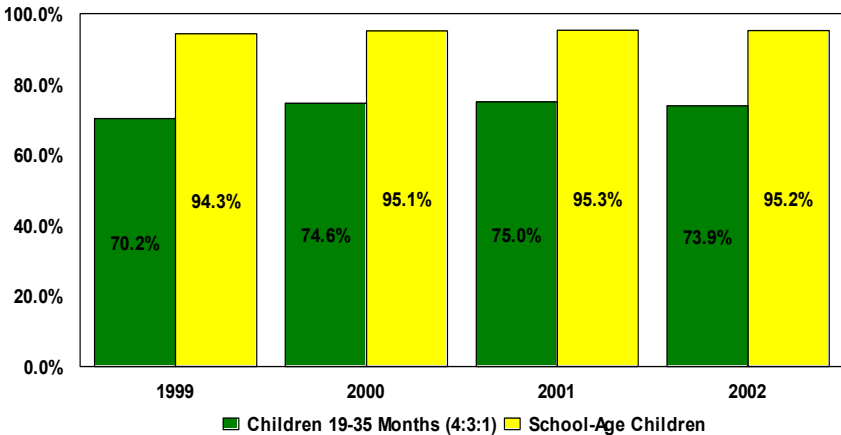
Note: We believe the increase in 2002 chlamydia infections is due to better reporting by private health care providers, since we are not seeing any increase in reported cases from Public Health Districts. For HIV/AIDS data, see "Bloodborne Diseases" on page 89.

Immunization Program

The Idaho Immunization Program's goal is to increase immunization rates for vaccine preventable diseases. The program provides information and education resources, along with free vaccines to private physicians and public health care providers. The program also conducts personal visits with all enrolled providers to evaluate their programs and provide assistance.

For Idaho children 19-35 months of age, 73.9 percent have received all of the recommended immunizations. This compares to a national average of 78.5 percent. By the time children enroll in the first grade, 95 percent have received all of the recommended immunizations.

Immunization Rates



Note: 2003 National Immunization Survey data for Idaho children 19-35 months will be available the first quarter of CY 2004.

Immunization Reminder Information System (IRIS)

The Immunization Reminder Information System is a secure, web-based immunization registry which allows health care providers access to vaccination records. If a needed vaccination is missed, a provider can generate a reminder card to parents from IRIS.

IRIS became fully functional in September 2000. For children under two years of age, approximately 94 per cent percent are enrolled in IRIS. Hospitals have been a key component to enrollment by registering infants into IRIS at birth. The Department is working to expand the number of hospitals and providers who use the IRIS system, which should result in fewer missed inoculations and higher immunization rates.

Number and Percent of Idahoans Enrolled in Registry by Year

	FY2001	FY2002	FY2003
Ages 0-11 Months	15,089/ 77%	16,701/ 83%	18,348/ 91%
Ages 12-23 Months	10,091/ 51%	18,309/ 92%	19,643/ 98%
Ages 24-35 Months	6,153/ 32%	11,966/ 60%	19,718/ 99%
Ages 36-59 Months	7,996/ 21%	15,993/ 41%	24,783/ 63%
Ages 60-71 Months	4,849/ 25%	7,567/ 38%	10,221/ 52%
Ages 6-18 Years	17,215/ 6%	36,876/ 13%	55,738/ 20%
Ages >18 Years	17,531/ 2%	30,607/ 3%	45,046/ 5%

Note: There were 14,972 Idahoans enrolled in the 2003 registry without vaccinations.

The Immunization Program purchases vaccines through the Vaccines for Children Program sponsored by CDC. For each of the last two years, the program distributed almost 500,000 vaccine doses statewide through more than 700 providers, including Public Health Districts, clinics and private physicians.

The Immunization Program is distributing more combination vaccines with the hope of reducing the number of injections a child must receive to be fully immunized. The two combination vaccines currently being supplied by the Immunization Program are ComVax (Hepatitis B / Haemophilus Influenzae Type B) implemented in January of 2001 and Pediarix (Diphtheria, Tetanus, Pertussis Hepatitis B and Polio) implemented in May of 2003. These combination vaccines are the main reason that the doses administered have shown a decline over the past two years. More vaccines are being administered, but with fewer injections.

The majority of adverse reactions vary from pain and swelling around the vaccination site, to fever and muscle aches. A more serious and rare adverse reaction to a vaccine is an allergic reaction.

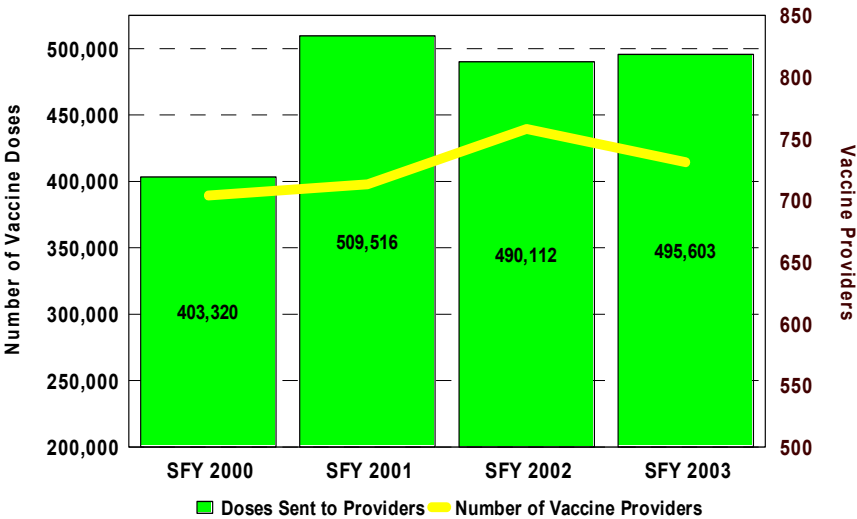
In SFY 2003, Idaho submitted 79 reports to the Vaccine Adverse Events Reporting System. These reports contain possible adverse reactions to vaccines, as reported by physician offices and Public Health Districts. This vaccine reporting system evaluates each report to monitor for trends in adverse reactions for any given vaccine.

Number of Adverse Reactions and Rate Per 10,000 Vaccinations

	Adverse Reactions	Vaccines Administered	Rate/ 10,000
SFY 2003	79	495,603	1.6
SFY 2002	77	490,112	1.6
SFY 2001	56	509,516	1.1
SFY 2000	58	403,320	1.4

The Immunization Program began offering new vaccines several years ago, which increased the number of vaccines distributed to providers. These include Varicella in 1999, Hepatitis A in 2000, Pevnar in 2001 and Pediarix in 2003.

Total Doses of Vaccine Distributed/Number of Vaccine Providers



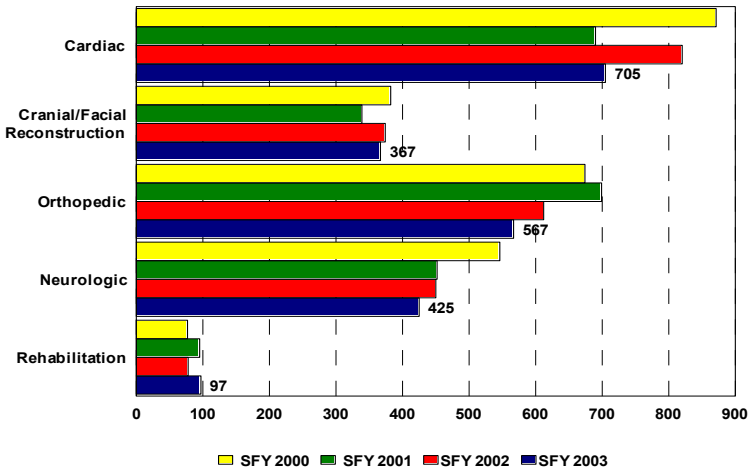
Note: Total doses of vaccine for SFY 2003 was incomplete at the time of this report, but it is anticipated actual numbers of doses will be higher when all providers submit their reports for the fiscal year.

Children's Special Health Program

The Children's Special Health Program has facilitated local access to diagnostic services for children with cardiac, cleft lip and palate, orthopedic, neurological, and rehabilitation needs since 1936. The program is transitioning from contracting with more than 80 medical specialists to supporting access to care for uninsured children and enhanced local systems of care for all children. Last year, the program served more than 2,000 Idaho children under the age of 18.

The Children's Special Health Program is committed to ensuring that Idaho children with special medical needs receive services to minimize their disability. One of the program's main goals is to increase each child's self-sufficiency and encourage their development and capabilities as future workers, consumers, taxpayers and parents.

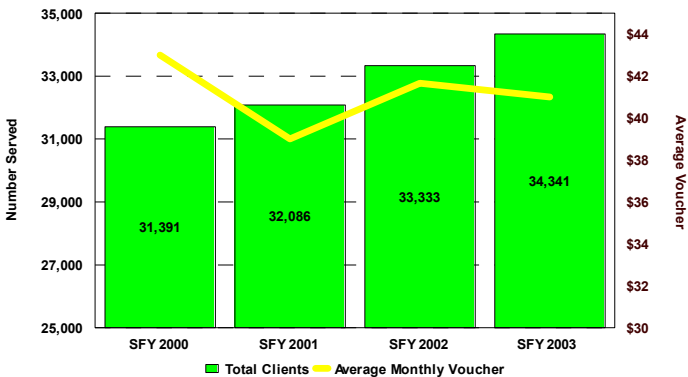
Children's Special Health Program Patients Served



Women, Infants and Children Program

The Idaho Women, Infants and Children (WIC) program offers nutrition education to low-income families on a short-term basis to promote optimal growth and development. It is entirely federally funded. WIC provides an average of \$41 per month in vouchers for prescribed healthy foods based on physical assessment along with counseling in nutrition and breastfeeding. Services usually are delivered through Public Health Districts.

Women, Infants and Children (WIC) Clients Served and Average Monthly Voucher



NOTE: Makeup of WIC caseload affects food package costs. Packages for infants and breastfeeding women cost more than those for pregnant and post-partum women, and children through age 4. Food cost inflation is unpredictable and may alter food package costs.

Women's Health Check

Women's Health Check offers free mammography and Pap tests to women 50-64 years of age, who have income below 200 percent of federal poverty guidelines and who have no insurance coverage for breast and cervical cancer screening. The program is funded through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, established as a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990.

"Every Woman Matters" is a law passed by the 2001 Legislature, which provides cancer treatment coverage through Medicaid for women enrolled, screened and diagnosed through Women's Health Check. Individuals not enrolled in Women's Health Check, but diagnosed with breast or cervical cancer, do not qualify for coverage under the "Every Woman Matters" law. Women's Health Check has been screening women in Idaho since 1997. The number of active providers has increased from year to year, allowing more women statewide to be referred into the program and screened.

Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed
SFY 2003	2,246	43	0
SFY 2002	2,232	24	1
SFY 2001	2,122	20	1
SFY 2000	1,694	13	0

Health and Welfare Worksite Safety

The Worker Health and Safety Program promotes a safe and healthful workplace for all Department employees. The program supports the loss control and risk management strategies of the Department. The program serves as a resource to executive management in providing advice in establishing health and safety objectives, planning programs to achieve those objectives, and integrating health, safety and wellness into the culture of the Department.

Consultation services provided through the Worker Health and Safety Program include hazard recognition and control; safety inspections and assessments; fire protection; regulatory compliance; improving workplace ergonomics; hazardous material management; environmental protection; health and safety training; emergency response and incident investigation, and managing safety programs.

Year	Claims Filed	Total Losses	Loss Ratio*	Average Cost Per Claim
CY 2002	386	\$1,329,143	143%	\$3,443
CY 2001	347	\$1,373,845	166%	\$3,959
CY 2000	436	\$1,420,455	144%	\$3,258
CY 1999	415	\$1,076,216	102%	\$2,593

**The loss ratio is the amount the State Insurance Fund paid in claims divided by the amount the Department paid in premium. A value of 143% means for every dollar the Department paid in premium, the State Insurance Fund paid \$1.43 in claims.*

Office of Epidemiology and Food Protection

The Office of Epidemiology and Food Protection tracks disease trends and outbreaks; makes recommendations to control outbreaks and prevent future cases of disease such as tuberculosis, hepatitis, and salmonellosis; and provides oversight on food inspection programs to assure safe food for Idahoans.

Bloodborne Diseases

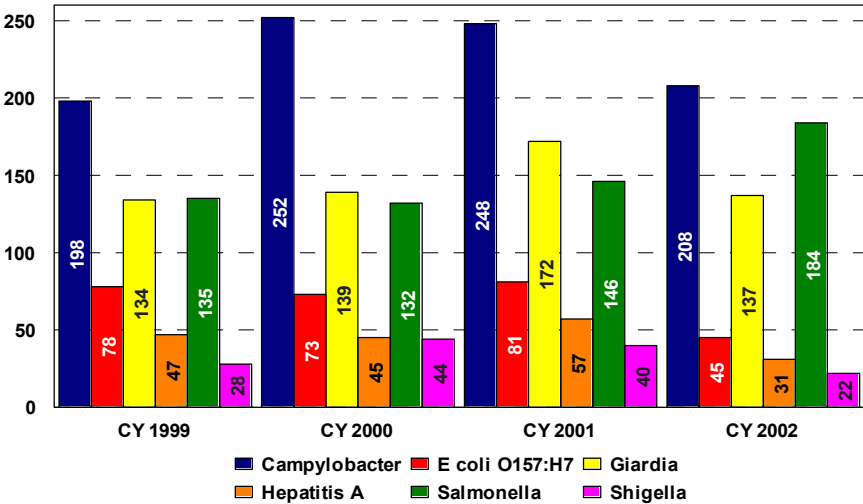
Bloodborne diseases, such as Hepatitis B and C along with HIV, are transmitted by introducing infected blood through the sharing of contaminated needles, transfusions or through the exchange of bodily fluids during sexual contact.

Bloodborne Disease	CY99	CY00	CY01	CY02
HIV Infection	43	64	30	30
AIDS Cases	18	21	22	27
Acute Hepatitis B	29	6	11	7
Acute Hepatitis C	8	3	2	1
Total	98	94	65	65

Enteric Diseases

Enteric diseases affect the gastrointestinal system and are transmitted primarily through contaminated food, water or hand-to-mouth as a result of inadequate hand washing following bathroom use.

Enteric Diseases (Diseases of the Intestine)



Childhood Vaccine Preventable Diseases

In 1997, a large outbreak of pertussis occurred in the northern Idaho panhandle. The rate of pertussis has decreased, but the number of cases in Idaho remains above the national average. The single case of measles in 2001 was an adult who was infected while traveling in Asia.

Number of Childhood Vaccine Preventable Diseases

Disease	CY 99	CY 00	CY 01	CY 02
Hemophilus influenzae type B (HIB, invasive)	2	1	0	2
Measles	0	0	1	0
Mumps	4	1	2	1
Pertussis (whooping cough)	146	64	171	151
Rubella	0	0	0	3
Total	152	66	174	157

Food Protection

The Food Protection Program provides oversight, training and guidance to the seven Public Health Districts in Idaho. They perform inspections of food facilities and provide education to prevent foodborne outbreaks. The goal of the Food Protection Program is to reduce the number of foodborne outbreaks in the state.

	SFY 00	SFY 01	SFY 02	SFY 03
Foodborne outbreaks	15	9	9	5
From licensed food est.	12	7	4	4
From home, church, picnics	3	2	5	1
Total people ill	168	143	66	96

NOTE: Foodborne outbreaks include food poisoning and may include cases of enteric diseases such as campylobacter and salmonella.

Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health contracts primarily with Public Health Districts to deliver preventive health programs and services to communities, schools, businesses, hospitals and other community-based organizations to improve the health of Idahoans. The Bureau has programs in chronic diseases, injury prevention, adolescent pregnancy prevention, oral health, tobacco prevention and control, and environmental health education and assessment.

Adolescent Pregnancy

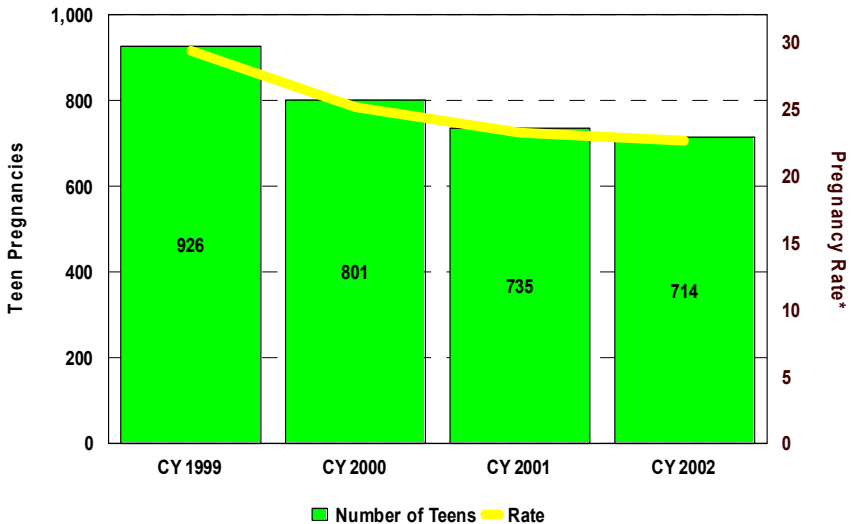
The Idaho Governor's Council on Adolescent Pregnancy Prevention addresses the high percentage of births among Idaho teenagers. The council encourages teens to delay sexual activity and is comprised of parents, teens, educators, service providers, business community members, clergy, elected officials and members of the media.

Some problems associated with adolescent births are inadequate prenatal care, low birth weight babies, higher public costs for high-risk pregnancies, health care, welfare support, and "hidden costs" of delayed education or work force entry on the part of teen parents.

The Department of Health and Welfare provides administrative support for the council. The Department also provides funding for the seven Public

Health Districts to develop community-based prevention programs with an abstinence message. District efforts involve collaboration with child advocates, civic organizations, public schools and higher education institutions, parents and teens to address the needs of adolescents in their areas. The Idaho pregnancy rate for 15- to-17-year-olds declined 21 percent from 29.3 per 1,000 teen females in 1999 to 22.6 per 1,000 teen females in 2002.

Teen Pregnancy Number and Rate* Ages 15-17



*The rate is the number of pregnancies per 1,000 females aged 15-17.

Note: Idaho received additional records from Montana for Idaho resident abortions obtained in Montana from 1989 to 2002. The Bureau of Health Policy and Vital Statistics revised the abortion database to include these records. Teen pregnancy numbers and rates shown here may differ slightly from previously published data.

Emergency Medical Services

The Emergency Medical Services (EMS) Bureau supports the statewide system that responds to critical illness and injury situations. Services include licensing of ambulance and non-transport EMS services, certification and recertification of EMS personnel, operation of the statewide EMS Communications Center, providing technical assistance and grants to community EMS agencies, and evaluating EMS system performance.

EMS Personnel Certification

An individual is certified by the EMS Bureau for a two- or three-year period, indicating that minimum standards of EMS proficiency have been met. All Idaho certified personnel are trained in courses which meet or exceed the national standard curriculum.

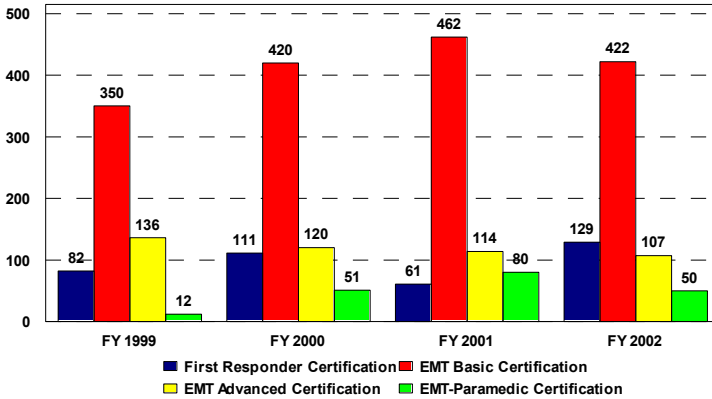
Recertification is the process of renewing the certification at the same level. For recertification, the provider must meet continuing education requirements that include documentation of continued skill proficiency by a medical director or local EMS agency official. The recertification periods are in June and December of each year. Bureau workload consists of approving instructors to teach courses related to EMS, administering National Registry examinations, processing applications for certification, recertification, and reciprocity with other states.

Personnel are certified at one of four levels:

- First Responder courses require a minimum of 55 hours of training. These providers are trained and certified to perform CPR, recognize injuries and medical emergencies, splint and bandage injuries, care for women in childbirth and other special patients, and operate a semi-automatic defibrillator.
- Emergency Medical Technician-Basic courses require 110 hours of training. These personnel are trained and certified to perform skills listed in the preceding level plus caring for injuries and medical emergencies, airway suctioning and operating an automated external defibrillator (AED).
- Advanced EMT-Ambulance courses require an additional 50 hours of didactic and clinical training. Personnel are trained and certified to perform skills listed in the preceding levels plus esophageal and endotracheal airway placement, initiation and maintenance of peripheral intravenous and intraosseous fluid infusions and drawing peripheral blood specimens.
- EMT- Paramedic courses require an additional 1,000 hours of

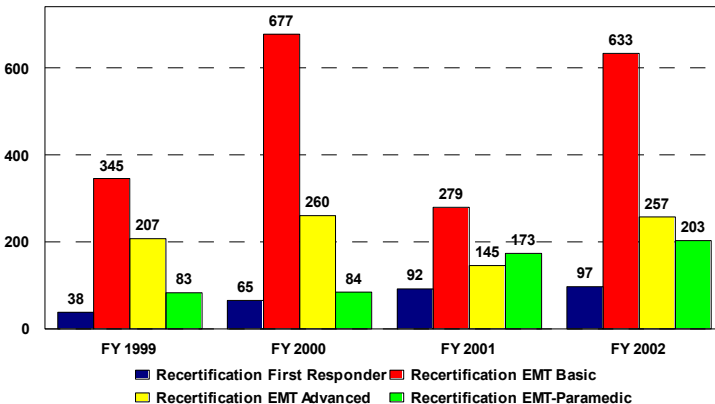
didactic, clinical and field internship training. These personnel are trained and certified to perform skills listed in the preceding levels plus manual cardiac defibrillation and cardioversion, cardiac rhythm interpretation, transcutaneous cardiac pacing, endotracheal intubation, needle cricothyrotomy, tracheal suctioning, administration of medications under written or verbal orders of a physician and needle decompression of tension pneumothorax.

EMS Personnel Certifications



NOTE: First responders require a minimum of 55 hours training, EMT Basic requires an additional 110 hours training plus clinical training, Advanced EMT requires an additional 50 hours training plus clinical training, and paramedics require 1,000 additional hours of training plus clinical and field internship training.

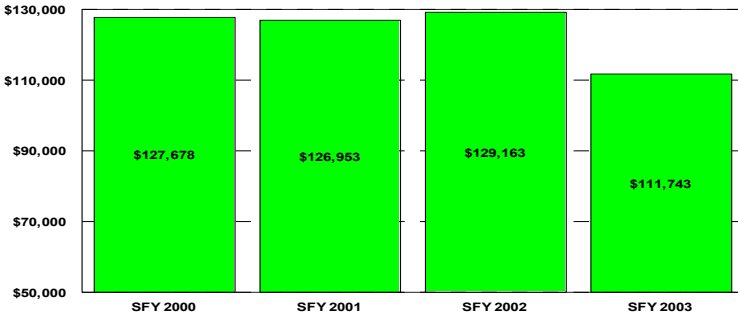
EMS Personnel Recertifications



Training Grants

EMS Training Grant Funds are available for initial and refresher EMS training courses and training equipment. Funding assistance is available for First Responder, EMT-Basic, Advanced EMT and EMT-Paramedic courses, as well as other continuing education and related specialty courses.

EMS Training Grant Funds Awarded



Dedicated Grants

The EMS Dedicated Grant program has been operating for four years, providing funds for vehicles and patient care equipment. Of the 193 licensed EMS agencies in Idaho, approximately 180 are eligible to apply. Qualifying applicants must be either a governmental or registered non-profit entity.

Forty-seven new EMS vehicles have been purchased and placed in Idaho communities through this program. Typical types of patient care equipment awarded includes such categories as Automated External Defibrillator, Airway Management, Cardiac Monitor, Communication, Extrication, Patient Assessment, Patient Moving, Rescue, Safety, Spinal Immobilization, Splinting and Vital Sign Monitoring.

Year	Vehicles	Equipment
SFY 2004	\$928,708	\$261,777
SFY 2003	\$545,286	\$144,810
SFY 2002	\$894,638	\$224,942
SFY 2001	\$448,800	\$108,915

Year	Licensed EMS Agencies	Grant Applications	Grants Awarded
SFY 2004	193	74	52
SFY 2003	205	68	33
SFY 2002	197	85	53
SFY 2001	198	86	37

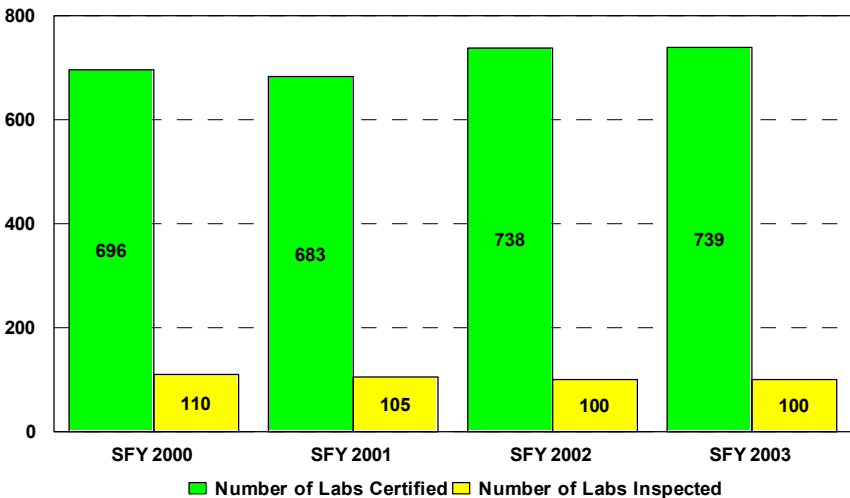
Laboratory Services

The Public Health Laboratory provides a wide range of services including testing for communicable diseases; analyzing environmental samples; testing for bioterrorism agents; administering State and federal regulations governing operation of private physician and hospital clinical laboratories; and required testing for transportation and disposal of hazardous materials. The State Lab has been at the forefront in surveillance of West Nile virus, testing samples from mosquito pools, birds, horses and people. Laboratory services are provided by a central lab in Boise where facilities and capacity have been upgraded significantly over the last two years.

The number of inspected laboratories refers only to those inspected by the Laboratory Improvement Section under CLIA regulations. This does not include 22 JCAHO and CAP laboratories.*

* CLIA — Clinical Laboratory Improvement Amendment
JCAHO — Joint Commission on Accreditation of Healthcare Organizations
CAP — College of American Pathologists

Number of Labs Certified and Inspected



NOTE: Not all certified labs are inspected. The portion of labs Health and Welfare inspects has decreased slightly in the last few years due to changes in federal laws that reduce the number of labs needing on-site inspections. The Department has increased the total number of labs in Idaho certified by CLIA.

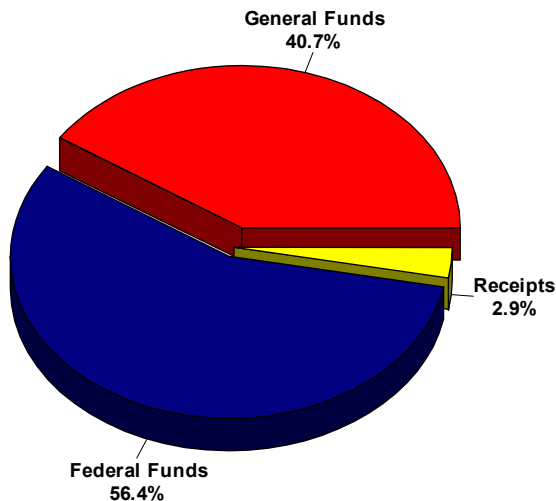
Indirect Support Services

Indirect Support Services provides the vision, management and technical support for carrying out the Department's mission. Indirect Support includes the Office of the Director, Regional Directors, Legal Services, Management Services, Human Resources and Information and Technology Services.

The Office of the Director oversees the entire Department, working with the Governor's Office and Legislature to effectively and economically provide policy direction for services and programs of the Department. Regional Directors represent the Director in each of the seven regions of the state.

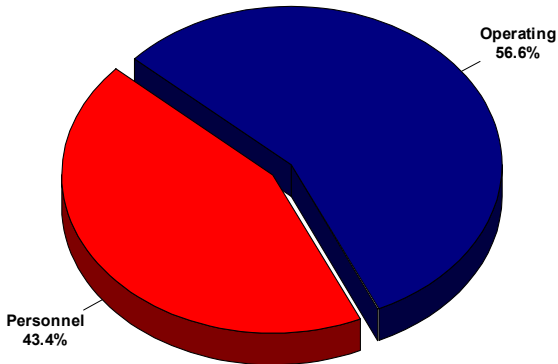
Legal Services staff provide legal advice and litigation services. The Division of Management Services provides accounting and budgeting services, oversees Department facilities, performs internal reviews and processes all payroll actions. The Division of Human Resources provides services to attract, retain and develop a workforce to support the Department's mission. The Division of Information and Technology Services plans and manages all computer hardware, software and data processing support for the Department.

Indirect Support SFY 2004 Funding Sources



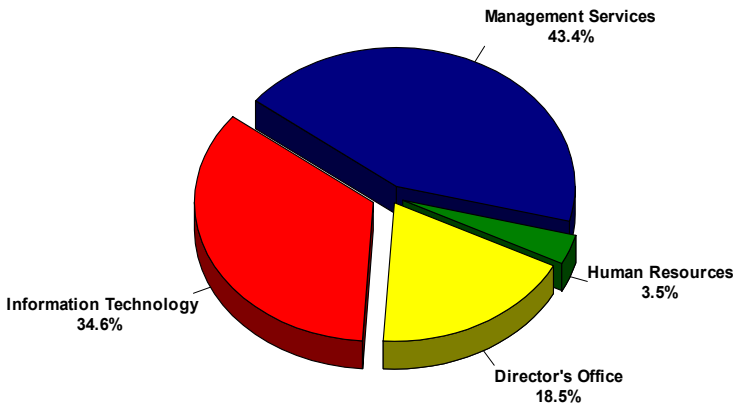
Authorized FTP: 298; Original 2004 Appropriation -- General Fund: \$16.4 million; Total Funds: \$40.2 million; 3.1% of Health and Welfare funding.

Indirect Support SFY 2004 Expenditure Categories



Indirect Support Spending

Management Services provides administrative and financial support for the Department. Included in Management Services is the Health Insurance Portability and Accountability (HIPAA) Project that is developing the Department's plan to protect client information and improve services. Information Technology provides automated and computer support for delivery of services, along with hardware, software and networking support across the state. Regional and Department administrative support is provided through the Director's Office. Human Resources supports the Department's workforce of 2,883 employees throughout the state.



Office of the Director

Karl B. Kurtz, Director, 334-5500

The Director's Office sets policy and direction for the Department while providing the vision for improving the Department. The Director's Office sets the tone for customer service and ensures implementation of the Department's Strategic Plan.

The Office relies on the Executive Leadership Team (ELT) to help formulate policy. ELT is comprised of members of the Director's Office, Division Administrators, Regional Directors, and Administrators of State Hospital South, State Hospital North and Idaho State School and Hospital.

The Director's Office includes:

- The Director;
- A Deputy Director responsible for general operations, direction and oversight of Central Office Divisions;
- A Deputy Director responsible for direction and oversight of Regional operating units; and
- A Public Information Officer responsible for media inquiries and Department public information materials.

Estate Recovery Program

The Attorney General's Office represents the Director's Office in the Estate Recovery Program, which recovers money from estates of former Medicaid clients. The program was mandated by Congress in 1993 to recover money from Medicaid clients who receive benefits after age 55.

In the program, a qualified Medicaid recipient is allowed to keep certain assets including a home and \$2,000 in savings, while eligible for Medicaid benefits. After the recipient's death and the death of their spouse, the Estate Recovery Program makes a claim against all cash, real property and personal property. The State may file a lien to protect its interest.

Recoveries vary, but the Attorney General's Office recovered \$4.2 million from these estates in SFY 2003.

Division of Management Services

David Butler, Deputy Director, 334-5578

The Division of Management Services provides administrative services to support the Department's programs and goals. It manages the Department's budget, cash flow, and physical assets; oversees accounting and reporting; provides fraud investigation services; and processes all payroll actions. Through cooperation with other Divisions, Management Services provides guidance and support to ensure responsible management of resources.

Bureau of Financial Management

The Financial Management Bureau consists of Financial Management, FISCAL, and Facilities Management.

Financial Management:

Ensures adequate cash is available for the Department to meet its financial obligations and functions as the financial liaison to human services programs by:

- Drawing federal funds from the U.S. Treasury to meet the immediate cash needs of federally funded programs;
- Requesting State general and dedicated funds through the Office of the State Controller;
- Prepares expenditure reports for the 100-plus federal grants that fund Department programs. The largest of these federal grants is Medicaid, for which the FY 2003 award was \$638 million;
- Operates a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Manages three Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Family and Community Services, and Mental Health Services;
- Prepares and submits the Department's annual budget request to the Division of Financial Management and Legislative Services. Distributes appropriated funding to more than 2,500 operating budgets within the Department;
- Monitoring program expenditure trends to allocated funding;
- Monitoring established positions; and
- Researches and compiles historical expenditure and revenue information.

Fiscal

This unit supports automated accounting systems used by the Department. It also provides system support including design, testing, troubleshooting, interface with program systems, reconciliation, GAAP reporting and the Help Desk for accounting issues. The unit supports these systems:

- FISCAL — Primary accounting system including major modules for cost allocation, cash management, budgetary control and management reporting;
- BARS — Primary accounts receivable, receipting and collections system;
- ARTS — Fixed asset accounting and inventory system;
- CARS — Motor pool management and reporting system;
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee; and
- P-Card – Electronic purchasing and payment system;
- Navision – Front end data entry and approval processing of vendor payments; and
- I-Time – Web-based employee time entry system.

Facilities Management

This section oversees maintenance and construction of State-owned facilities; monitors and coordinates office space leases for the Department; and performs the following functions:

- Plans space for relocations and new facilities;
- Coordinates telephone services and purchases telephone equipment;
- Coordinates data cable installations to ensure uniformity, adherence to Department standards and cost controls;
- Compiles project listings to maintain facilities that meet code requirements and program needs;
- Prepares and submits the Department's annual "Capital and Alterations and Repair" budget to the Permanent Building Fund Advisory Council;
- Monitors and inspects projects under construction;
- Acts as the "Public Works" unit of the Department under delegated authority from the Department of Administration, Division of Public Works;

- Monitors, negotiates and coordinates leases for the Department under delegated authority from the Department of Administration, Division of Public Works; and
- Ensures proper maintenance and mileage distribution for the Department's motor pool.

Bureau of Field Support

Contracts and Purchasing

This unit purchases all items that cost between \$5,000 and \$50,000 and works with the Department of Administration's Division of Purchasing for items greater than \$50,000. It has responsibility for maintenance of the CONTRAXX system; provides statewide technical assistance on all contract related matters; and provides technical assistance on the CONTRAXX system.

Accounts Payable

This unit is the statewide accounts payable unit that performs all accounts payable interaction with the Navision accounting system. This unit is responsible for:

- Vendor payments;
- Vendor edits;
- Warrant issues such as stop payments, forgery, and re-issue;
- Rotary Fund payments;
- Interagency payments and collections; and
- Central Office receipting.

Central Revenue Unit

All billing and collection activity is the responsibility of the Central Revenue Unit unless specifically assigned to another Department unit. The Central Revenue Unit actively pursues all debts including fees for service, third-party recoveries, benefit overpayments, or any debt negotiated through a repayment agreement.

The Central Revenue Unit is located in Twin Falls to utilize available office space in a State-owned facility in a cost-effective manner. The Central Revenue Unit has five primary responsibilities:

- Statewide collection of both provider fraud and individual fraud overpayments;

- Statewide collection of welfare benefit program overpayments;
- Statewide billing and collection for the Department's fee for service programs.
- State Lab billings; and
- Statewide Criminal History Unit billing.

Employee Services

This unit handles all employee documents relating to insurance, compensation, payroll deductions and provides consultation to the field offices. This unit:

- Operates the Payroll and Employee Information System (EIS) through the Idaho Paperless Online Payroll/Personnel System (IPOPS);
- Provides payroll and benefit support for regional, institutional and division staff;
- Verifies online time entry for all staff to ensure accurate and timely employee compensation;
- Distributes bi-weekly payroll warrants, pay stubs and associated cost distribution reports;
- Provides validation and entry of information for new hires, terminations, transfers, etc., and payroll deductions such as health insurance and pension, to ensure EIS data integrity; and
- Maintains and safeguards employee personnel records for the Central Office Divisions.

Bureau of Audits and Investigations

The Internal Audit Unit provides for independent appraisal of various operations and systems of control to determine whether policies and procedures are following legislative requirements and established standards are met, resources are used efficiently and economically, and planned objectives are accomplished effectively.

The Department's Fraud and Abuse Program consists of the Surveillance and Utilization Review (SUR) Unit and the Fraud Investigation Unit.

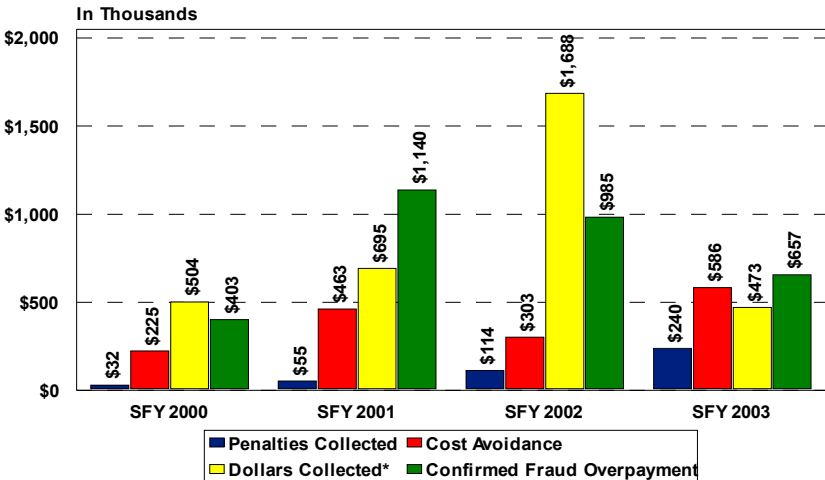
The SUR Unit investigates fraud and abuse within the Medicaid Program by monitoring and reviewing provider billing practices, and reviewing provider records of support services billed to the program. Medicaid investigations are initiated through complaints from providers and clients, referrals from other agencies, and through proactive targeting or reviews of

claims to identify improper billing. Once investigated, issues may be resolved through provider education or policy revision, recovery of funds from the provider, civil monetary penalties imposed, provider agreement termination or program exclusion, or referral for prosecution. Efforts for Medicaid provider fraud concentrate on cases which have the greatest potential for investigation and recovery of funds.

The Fraud Unit investigates Department-wide allegations of fraud that include providers, contractors, Welfare programs and internal investigations. The Fraud Unit has investigators stationed statewide to respond to any investigation. They work with other State and federal agencies to investigate and prosecute providers and clients identified as defrauding Medicaid and Welfare programs.

The Fraud Unit concentrates its efforts on establishing a deterrent for fraud by focusing on cases that warrant prosecution and increased referrals to prosecutors. A fraud hotline to receive and track fraud complaints was implemented in 2002. The Department received 1,092 complaints alleging fraud, resulting in opening 455 investigations in SFY 03. There were 20 Welfare fraud prosecutions in SFY 03, an increase of 30 percent from SFY 02. Referrals to prosecutors increased 88 percent in the same time period to 32 referrals.

Medicaid Provider Fraud



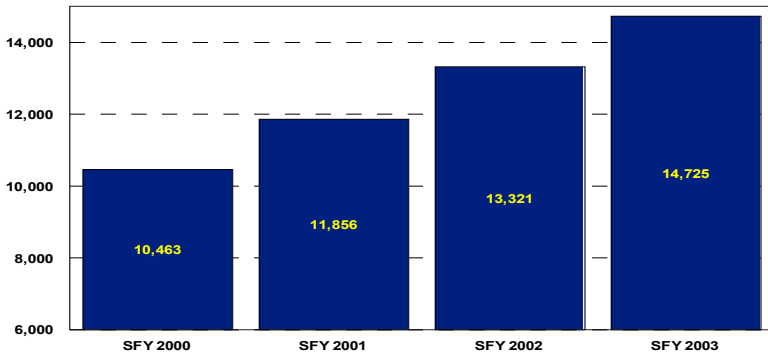
*Some dollars collected are made on cases from prior years. Cases in which "Confirmed Fraud Overpayment" was made are sent to collections for recovery of funds.

Criminal History Unit

The Criminal History Unit conducts all required background checks and is central repository of all agency background check information received from the FBI and the Department of Law Enforcement. Background checks are required for people who provide direct care and services for program participants including our staff, contractors, licensed child care providers, and foster and adoptive parents.

Criminal history checks have increased 140 percent in the last four years. Criminal history functions were consolidated into one office in Nampa and processes redesigned to provide more effective and efficient utilization of resources, while improving service to Department programs.

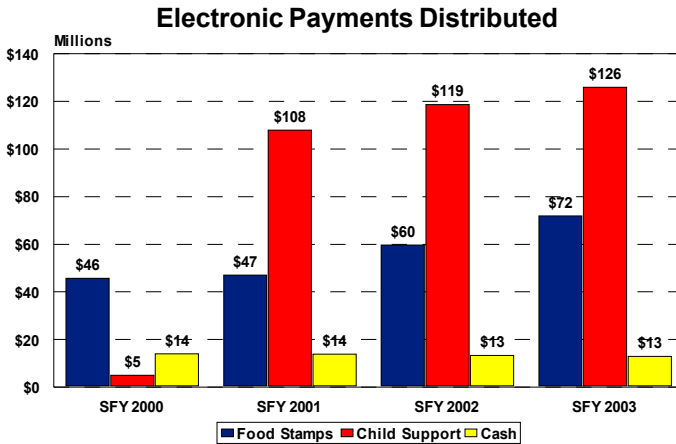
Total Criminal History Checks by Year



Electronic Payment System

The Electronic Payment System project office is responsible for developing and operating the Department's electronic payment activities. This includes Electronic Benefit Transfer in which the Department distributes cash assistance, child support payments and Food Stamp benefits electronically through the use of a state-issued debit card. It also includes enrolling participants for direct deposit of payments into personal bank accounts and preparing and sending information to the Automated Clearing House for processing and posting cash payments to various financial institutions. Operation activities include:

- Providing vendor contract management services;
- Liaison activities with other government agencies, financial institutions and retailers;
- Training Department staff, participants and retailers;
- Oversight of debit card issuance and system security; and
- Reconciliation of money moving through the system.



Note: Electronic payments for Child Support were phased in over a six-month period beginning March 2000.

Office of Privacy and Confidentiality

The Office of Privacy and Confidentiality was established in response to the Idaho Public Records Requirements and the Health Insurance Portability and Accountability Act (HIPAA). HIPAA federal legislation, adopted in 1996, affects all health insurance plans, healthcare providers and government entities that submit or receive health care transactions electronically. The purpose of the Office of Privacy and Confidentiality is to provide Health and Welfare with agency-wide processes, infrastructure and systems that are standardized and effective in protecting confidential information and improving services to our customers. Primary objectives of the office are:

- **Modernize Service Delivery** - Create effective processes, infrastructure and systems that will support the delivery of the right service in the right place and at the right time in a cost-effective manner;
- **Protect Patient Information** - Assure that individual healthcare information is safe from unauthorized access;
- **Improve Treatment** - Enhance coordination of care for our constituents; and
- **Comply with Federal Requirements** - Focus on federal requirements for data exchange, privacy and security, and common identifiers.

Division of Human Resources

Diana Jansen, Administrator, 334-0632

As a business partner, the Division of Human Resources supports hiring and retention of the right people with the right skills for achieving the Department's mission and vision. The Division's focus is on the Department's Strategic Plan, business partnerships, progressive business practices and being knowledgeable of business needs of the Department. Specific services include:

Civil Rights/Affirmative Action/Equal Employment Opportunity (EEO)

- Shares Department commitment to advance equal opportunity in employment through education and technical assistance;
- Educates employees on the importance of maintaining a workplace where employees are treated with courtesy, respect and dignity; and
- Consults and ensures resolution on civil rights complaints, compliance and agency audits or site reviews.

Workforce and Development

- Promotes, coordinates and provides leadership and management development, succession planning, supervisory development, organizational development, and skills and knowledge development; and
- Assists staff in performance improvement and continuous quality improvement initiatives, trend forecasting, scenario planning, strategic plan improvement and special projects.

Recruitment and Retention

- Provides management consultation on effective practices and hiring options for filling current and future needs;
- Operates the Talent Data Bank for identifying and matching skills and interests of employees and applicants with our organization's needs;
- Develops and implements recruitment campaigns to fill Department openings; and
- Develops relationships and partnerships with Idaho and regional universities for awareness of Department work, for educational enrichment, for internships and for recruiting qualified talent.

Human Resource Systems and Compensation

- Provides consultation in support of system-wide approaches and views of compensation, position utilization and classification; and
- Researches, develops and implements human resource system enhancements.

Employee Relations and Human Resource Policy Procedure

- Coaches management and supervisors in promoting positive employee performance;
- Consults with management and supervisors to consistently resolve employee issues related to discipline;
- Provides consultation to employees and supervisors in the Problem-Solving Process;
- Manages the Department's Drug and Alcohol Free Workplace program; and
- Researches, revises and develops the Department's human resource policies and procedures to fit the Department's business needs while complying with State laws and rules.

Employee Benefits

- Provides employees with information and resources that promote healthy and safe lifestyles;
- Keeps employees informed on a timely basis of all benefit opportunities and changes; and
- Consults, coordinates and assists employees with their benefits and related policies and procedures.

Information and Technology Services Division

Charles Wright, Administrator, 334-5626

The Information and Technology Services Division (ITSD) provides support to Department programs to ensure effective service delivery and efficient use of automated system resources.

ITSD is responsible for design, development, operation, maintenance and ongoing enhancement of automated information systems. The Division provides technical assistance for acquisition of hardware and software products, along with handling computer hardware and software problems.

ITSD is comprised of two organizational units:

Information Services

Information Services is responsible for design and development of Department applications and includes:

- Program support;
- Administration;
- Customer service issues; and
- Internet and Intranet application development.

Technology Services

Technology Services is responsible for development and maintenance of hardware and networking infrastructure and includes:

- Mainframe support;
- Wide and Local Area Network support;
- Operations;
- Resource security; and
- Database and warehousing support.

e-Government

e-Government is becoming an increasingly important component in the Department's efforts to improve customer service and save money through more efficient and creative use of computer technology. ITSD provides technical support for coordination and leverage of resources, skills, knowledge and methodologies for these key electronic government projects. They include:

- Automated Medicaid Eligibility (A-Med) – Enhancements to the Welfare eligibility determination system;
- Medicaid Web Access for Providers (MWAP) – A web site for client and claims inquiries in the Medicaid system;
- Medicaid Fraud Decision Support System – A reporting system for Medicaid data used by the Bureau of Fraud and Abuse Investigations;
- Common Directory – A directory of Department clients that crosses different software systems, as many clients receive more than one Department service;
- Enterprise Data Warehouse – Reporting system crossing multiple system boundaries; and
- Common Registration – Provides a single point of entry for clients to apply for services of Department programs.

Systems Maintained by ITSD		
Division and System Name	Purpose	# of Software Programs in System
Welfare: Eligibility Programs Integrated Computer System (EPICS)	Supports 20 welfare programs including Cash Assistance, Food Stamps, Medical Assistance	2,100
Welfare: Idaho Child Support Enforcement System (ICES)	Supports child support cases from locating absent parents, establishing and enforcing child support orders, receipting and forwarding payments	2,500
Welfare: Idaho Child Care Program (ICCP)	Supports process of eligibility for subsidized child care payments and submits those through accounts payable system	641
Welfare: Low-Income Homes Energy Assistance Program (LIHEAP)	Supports data collection for payment of fuel costs for low-income households	60
Welfare: Weatherization and Inventory Tracking System (WITS)	Supports tracking inventory of supplies used for weatherizing homes for low-income households	97
FACS: Family Oriented Community Users System (FOCUS)	Supports payment of services, case tracking, and management for children's welfare, including foster care, child protection, adoption, interstate compact, and children's mental health	1,850
FACS: Daily Activity Reports (DAR)	Supports client registration, billing, and accounts receivable for mental health and developmental disabilities	225
FACS: Substance Abuse	Supports data collection and reporting for substance abuse and DUI programs	300
Health: Vital Statistics Automated Data System (VSADS)	Supports data collection and statistical history for births, deaths, marriages, divorces, stillbirths, induced terminations	900

Systems Maintained by ITSD		
Division and System Name	Purpose	# of Software Programs in System
Health: Women, Infants and Children (WIC)	Supports data collection for generating food instruments for needy families to improve nutrition	525
Management Services: Financial Information System and Cost Allocation (FISCAL)	Supports integrated, transaction-based fund accounting for the Department	1,100
Management Services: Electronic Payment System (EPS)	Supports electronic disbursement of funds through the Electronic Debit Card (EBT) and Electronic Funds Transfer (EFT) processing to Health and Welfare participants	206
Management Services: Accounts Receivable, Billing and Collection (ABC)	Supports accounts receivable, billing and receipting for specific programs	500
Management Services: Payment System	Supports accounts payable and payment document maintenance for specific programs	150
Management Services: Comprehensive Automobile Reporting System (CARS)	Supports scheduling maintenance, licensing and trips for State-owned vehicles	80
Human Resources: Human Resources Information System (HRIS)	Supports HR reporting from State Controller's Employee Information System (EIS)	25
Director's Office: Office of Public Participation Mail System	Supports master mailing list for the Department	170
Director's Office: Attorney General (AG) Lien System	Supports lien tracking for the Attorney General's Office	45

Council on Developmental Disabilities

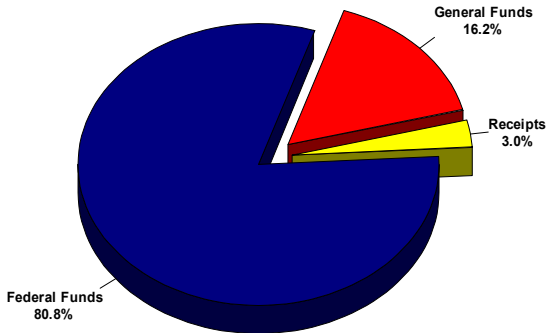
Marilyn Sword, Executive Director, 334-2178

The Idaho Council on Developmental Disabilities is the planning and advisory body for programs impacting people with developmental disabilities.

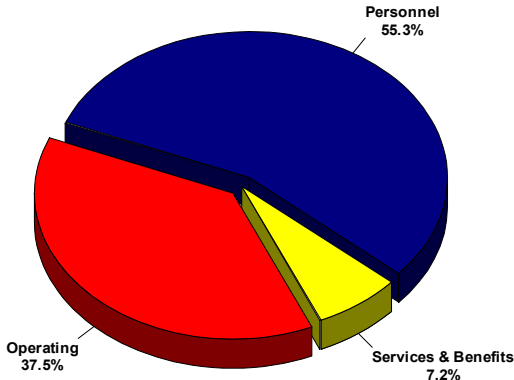
Council Vision: All Idahoans participate as equal members of society and are empowered to reach their full potential as responsible and contributing members of their communities.

Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access and direct services and support they choose, and to build the communities' abilities to support those choices.

FY 2004 Funding Sources



FY 2004 Expenditure Categories



Council funding is channeled through the Department budget, but the Councils are independent and not administered by the Department. FTP: 5; General Fund: \$82,300 Total Funds: \$507,400; 0.04% of Health and Welfare funding.

Council Initiatives

Self-Determination: This year, the Council held its sixth Partners in Policymaking class. Twenty-one self-advocates and parents graduated in early November, bringing to 120 the number of Idahoans who have gone through this program. All officers of the Council are graduates of the program.

The Council sponsored House Concurrent Resolution 29 which recommended that Idaho take steps to develop a self-determined service system for people with developmental disabilities. As a result, the Council reconvened and expanded the Self-Determination Task Force to build on its earlier work and conduct further research into a self-directed model for Idaho. The Task Force has formed subcommittees to develop necessary components for the system and will present findings and make recommendations to the Legislature. The Council, in collaboration with Medicaid, wrote and submitted an application for an Independence Plus grant to assist with waiver development. The Council is continuing to support development and strengthening of People First chapters in northern Idaho.

Housing: The Council is providing financial support to the Governor's Conference on Housing.

Legislative and Public Policy: The Council has been active in monitoring legislative and regulatory changes to Medicaid that will impact community-based services to people with developmental disabilities. The Council participated in a statewide effort to protect rights of parents with disabilities and supported legislation to remove discriminatory language affecting these parents. The Council also supported legislation to amend the code regarding involuntary sterilization of people with developmental disabilities and assisted with legislation to increase availability of accessible parking spaces.

Education: The Council co-sponsored the third Youth Leadership Forum for high school students with disabilities. A position statement on reauthorization of IDEA was developed, and the Council has provided input into Idaho's new achievement standards for students.

Community Supports: The Council contracted with the Center on Disabilities and Human Development to conduct a survey of direct support staff in Idaho and produce a report of its findings and recommendations to recruit and retain this workforce. The Council is a partner in the Anti-Stigma campaign of Idaho's Real Choice Systems Change grant and participates as a member of the Family Support Council.

Health: The Council commissioned a study of barriers to supported living in Idaho, and the report, including identification of barriers and recommendations for improvements, was released in January.

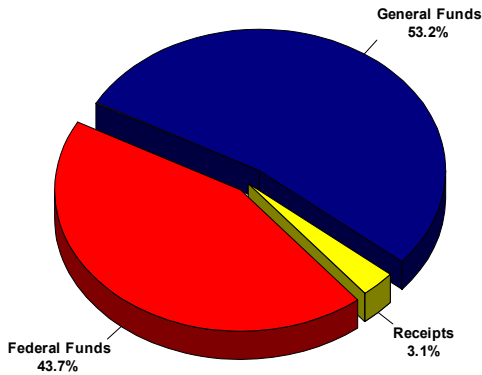
Employment: The Council has developed a position statement on segregated employment and plans a cost-benefit analysis of this model. A demonstration of self-employment also is in development.

Recreation: The Council provided funding for initial stages of development of Adventure Island, a universally accessible playground in Meridian.

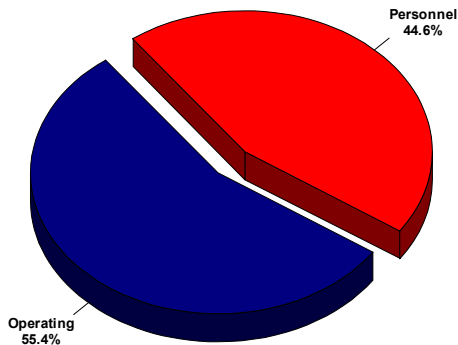
Council on the Deaf and Hard of Hearing

Pennie S. Cooper, Executive Director, 334-0879

FY 2004 Funding Sources



FY 2004 Expenditure Categories



Council funding is channeled through the Department budget, but the Councils are independent and not administered by the Department. FTP: 2; General Fund: \$131,000; Total Funds: \$245,900; 0.02% of Health and Welfare funding.

The Council serves more than 200,000 Idahoans who are hard of hearing and more than 4,500 people who are deaf. The Council's primary activities for SFY 2004 are:

Educational Interpreter Quality Assurance

Through a grant provided by the State Department of Education, the Council collaborated with other agencies to establish the Educational Interpreter Interagency Consortium. The Consortium oversees grant activities that include and pay for implementation of the Educational Interpreter Performance Assessment (EIPA) to assess skills and needs of Educational Interpreters in the classroom. Training then is provided to interpreters, and the interpreter retakes the EIPA after training and professional development. More than 80 educational interpreters working in public schools will be assessed over the three-year period of the grant.

Services for Students Who are Hard of Hearing

For Fiscal Year 2004, the Council is participating in a proposal to provide audiological consulting services to school districts without an audiologist. Studies show that in school districts without an audiologist, the number of students identified with a hearing loss is only one-fourth the number identified in districts with an audiologist. If these hard of hearing children do not receive services they need, they will fall behind in the classroom.

Council Goals

- Idahoans of all ages who have a hearing impairment have equal access to education, jobs and recreation, along with programs and services that are easily accessible to those Idahoans without a hearing loss;
- To disseminate information regarding resources and available technology to pursue education and work opportunities where communication is critical to success;
- Increase awareness of parents, physicians and other professionals so testing children for hearing loss is done as early as possible. This will ensure that any loss is identified and treated so the child does not lose valuable time when language skills are developing;
- Educate and inform people on dangers of noise-induced hearing loss and promote use of ear protection; and
- Public and private businesses are aware of communication access needs of people with hearing impairments.

The Council continues to provide more services to clients it serves. Last year:

- More than 4,100 newsletters and brochures were distributed;
- Responses were provided to more than 2,100 requests for information and assistance;
- More than 700 demonstrations of assistive devices and 383 equipment loans were provided to people who are deaf or hard of hearing at demonstration and loan centers in Boise, Moscow, Idaho Falls, Twin Falls and Idaho State University, Pocatello; and
- More than 80 people have received assistance through a program funded from an Assistive Technology grant to purchase assistive technology that they could not afford.

Idaho Sound Beginnings, an Early Hearing Detection and Intervention Program funded by the U.S. Department of Health and Human Services, produced these results:

- Ninety-eight percent of babies born in Idaho are screened for hearing loss, three percent above the benchmark set by the National Center for Hearing Assessment and Management (NCHAM);
- Five workshops were held to assist hospital staff, audiologists and early intervention workers implement newborn hearing screening and intervention programs;
- Sponsored annual one-day conference to provide more information about hearing screening and intervention programs with more than 80 participants attending including nurses, teachers, audiologists and physicians;
- Distributed more than 1,700 newsletters to parents, audiologists, early intervention specialists and other interested parties;
- Revised and published more than 650 parent-support manuals titled "Help and Hope" with funding from a Community Collaboration Project grant from the Governor's Coordinating Council for Families and Children; and
- Continued developing and guiding a statewide parent support group "Idaho Hands & Voices" with funding from an Idaho Children's Trust Fund grant.

Council on Domestic Violence and Victim Assistance

Diane B. Blumel, Executive Director, 334-5580

Irene Masterson, Grant Administration, 334-6512

The Council was created in 1982 by the Legislature to promote assistance to victims of crime. The scope of the Council includes:

- The administration of federal and State funding provided to programs that serve crime victims;
- Promoting legislation that impacts crime victims;
- Providing program standards for domestic violence programs, sexual assault programs and batterer treatment programs; and
- Training and public awareness on violence and victim assistance.

In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the State on victim assistance issues.

The Council consists of seven members, one from each of the seven Judicial Districts in Idaho. Members are: Gratia Griffith (Region 1); Jamie C. Shropshire (Region 2); Sherri Case (Region 3); Tore Beal Gwartney (Region 4); Dan Bristol (Region 5); Dyanne LaBaugh (Region 6); and Blair Olsen (Region 7).

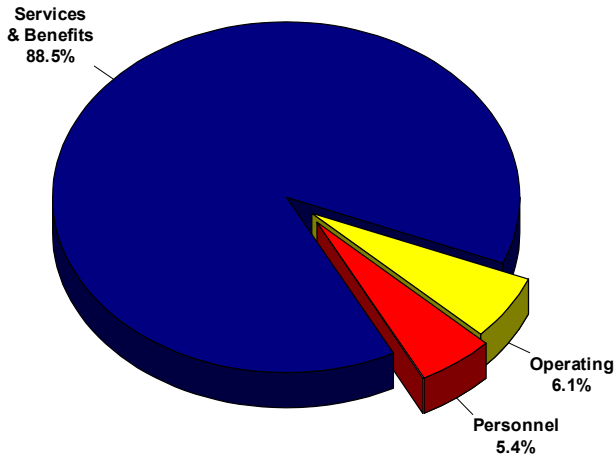
As a funding agency, the Council administers a combination of federal and State resources. Primary funding sources include the United States Department of Justice Office for Victims of Crime, the Victims of Crime Act, the Federal Family Violence and Prevention Grant, the Idaho State Domestic Violence Project, and the Idaho Perpetrator Fund.

The Council funds approximately 47 programs throughout the State that provide an array of direct victim services. These services include crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance. Programs focus on victims affected by domestic violence, sexual assault, child abuse and drunk driving.

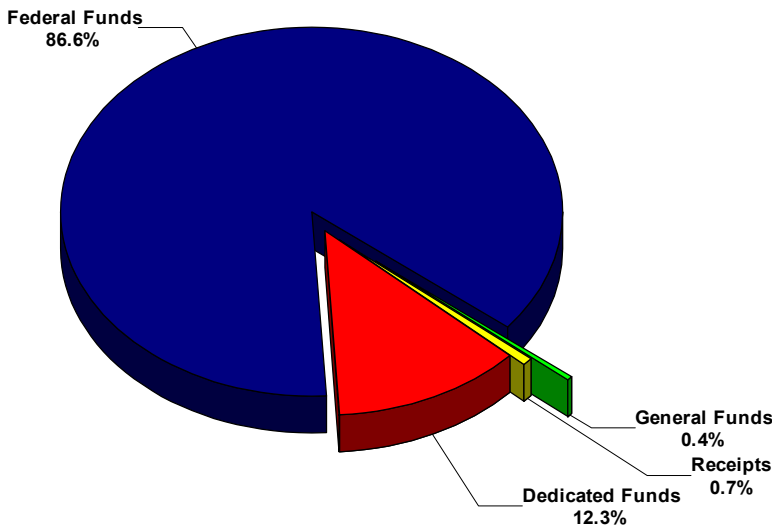
The Council also provides statewide training for service providers on crime victim issues and resources to communities which include publications and educational materials.

More information is available on the Council's web site at www.state.id.us/crimevictim.

FY 2004 Expenditure Categories



FY 2004 Funding Sources



Council funding is channeled through the Department budget, but the Councils are independent and not administered by the Department. FTP: 3; General Fund: \$12,500; Total Funds: \$3.2 million; 0.3% of Health and Welfare funding.

Miscellaneous Information

Description	Number
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Health Care Facilities Licensed in Idaho

Number of Intermediate Care Facilities for People with Mental Retardation	66
Number of Beds Available in ICFs for the Mentally Retarded	586
Number of Hospitals	47
Number of Hospital Beds	3,231
Number of In-State Home Health Agencies	57
Number of Out-of-State Home Health Agencies	9
Number of Residential Care Facilities	261
Number of Beds Available in Residential Care Facilities	6,072
Number of Skilled Nursing Facilities	81
Number of Beds Available in Skilled Nursing Facilities	6,252

Low-Income Weatherization Assistance Program (LIWAP)

LIWAP Federal Grant	\$2.2 million
Total Homes Weatherized	1,345
Average Cost per Home Weatherized	\$1,649

Physical Health Services

Percent of Mothers with adequate prenatal care is based on the American College of Obstetricians' and Gynecologists' recommendations.

2002	75.6%
2001	74.6%
2000	73.6%
1999	74.2%

Number of pregnancies among females aged 15-17:

2002	714
2001	735
2000	801
1999	926

Pregnancy rate per 1,000 females aged 15-17:

2002	22.6
2001	23.2
2000	25.1
1999	29.3

Vital Statistics

Public information requests for birth, death, marriage and divorce certificates.

2002	112,194
2001	97,386
2000	98,706

Self-Reliance

Maximum TAFI Payment	\$309
Average TAFI Payment for June 2003O	\$309
Average ICCP Payment Per Child as of June 2003	\$270
Average FS Benefit Per Family as of June 2003	\$199
Average AABD payment per participant as of June 2003	\$ 55

Glossary of Terms and Acronyms

A&D	Aged and Disabled
AABD	Aid to the Aged, Blind and Disabled
ACH	Automated Clearing House
ACT	Assertive Community Treatment
AIDS	Auto Immune Deficiency Syndrome
APNCU	Adequacy of Prenatal Care and Utilization Index
CAP	College of American Pathologists
CHC	Criminal History Check
CLIA	Clinical Laboratory Improvement Amendment
CMHP	Children's Mental Health Project
CSHP	Children's Special Health Program
CY	Calendar Year
DD	Developmental Disabilities
DDA	Developmental Disability Agencies
DHW	Department of Health and Welfare
DJC	Department of Juvenile Corrections
DTaP	Diphtheria, Tetanus, acellular Pertussis
DUI	Driving Under the Influence
EBT	Electronic Benefits Transfer
EHDI	Early Hearing Detection & Intervention
EIS	Employee Information System
ELT	Executive Leadership Team
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-A	Emergency Medical Technician - Advanced
EPM	Enterprise Project Management
EPS	Electronic Payment System
EPSDT	Early Periodic Screening Diagnosis and Treatment
ESC	EPSDT Service Coordination
FACS	Division of Family and Community Services
FFY	Federal Fiscal Year
FIDM	Financial Institution Data Matching
FOCUS	Family Oriented Community Users System
FS	Food Stamps
FTP	Full-time Positions
HCBS Waiver	Home and Community Based Services Waiver
HIV	Human Immunodeficiency Virus
ICCMH	Idaho Council on Children's Mental Health
ICCP	Idaho Child Care Program

ICF/MR	Intermediate Care Facility for People with Mental Retardation
ICPC	Interstate Compact on the Placement of Children
ICSES	Idaho Child Support Enforcement System
IDHW	Idaho Department of Health and Welfare
IPUL	Idaho Parents Unlimited
IRIS	Immunization Reminder Information System
ISSH	Idaho State School and Hospital in Nampa
ITSD	Information and Technology Services Division
JCAHO	Joint Commission on Accreditation of Hospital Organizations
JSAP	Job Search Assistance Program
LIWAP	Low-Income Weatherization Assistance Program
MAST	Medical Anti-Shock Trouser
MCH	Maternal and Child Health
OAA	Old Age Assistance
A&D	Aged & Disabled
PWC	Pregnant Women and Children
RSO	Receipting Services Only
SCHIP	Title XXI State Children's Health Insurance Program
SFY	State Fiscal Year
SHN	State Hospital North
SHS	State Hospital South
STD	Sexually Transmitted Diseases
SUR	Surveillance & Utilization Review
TAFI	Temporary Assistance for Families in Idaho
TBI	Traumatic Brain Injury
TEFAP	The Emergency Food Assistance Program
TSC	Targeted Service Coordination

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